Page 1	Page 3
IN THE UNITED STATES DISTRICT COURT	1 INDEX
NORTHERN DISTRICT OF ILLINOIS	2 WITNESS EXAMINATION
EASTERN DIVISION	3 ARTHUR FUNK, M.D.
EASTERN STYBION	
JOVAN D. DANIELS,)	,
	5 By Mr. Lombardo 166
Plaintiff,) Civil Action	6
vs.) No. 1:16-cv-00014	7
WEXFORD HEALTH SOURCES, INC.,)	8 EXHIBITS
et al.,	9 NUMBER PAGE
Defendants.)	10 Funk Deposition Exhibit No. 1 172
	Funk Deposition Exhibit No. 2 172
The 30(b)(6) deposition of WEXFORD	Funk Deposition Exhibit No. 3 172
HEALTH SOURCES, INC., by ARTHUR FUNK, M.D., called	Funk Deposition Exhibit No. 4 172
for examination, taken pursuant to the Federal	14 Funk Deposition Exhibit No. 5 172
Rules of Civil Procedure of the United States	15 Funk Deposition Exhibit No. 6 172
District Courts pertaining to the taking of	16 Funk Deposition Exhibit No. 7 172
depositions, taken before KRISTIN C. BRAJKOVICH, a	17
Certified Shorthand Reporter, CSR. No. 84-3810, of	18
said state, via Zoom, on the 18th day of March,	19
A.D. 2022, at 10:00 a.m.	20
	21
	22
	23
	24
Page 2	Page 4
1 PRESENT:	10:02 1 MS. REED: Thank you. We are here for the
2	10:02 2 30(b)(6) deposition of give me one second
3 FOLEY & LARDNER LLP,	10:02 3 Wexford.
4 (321 North Clark Street, Suite 3000,	4 ARTHUR FUNK, M.D.,
5 Chicago, Illinois 60654-5313,	5 called as a witness herein, having been first duly
6 1-312-832-4500), by:	6 sworn, was examined and testified as follows:
7 MS. JASMINE REED,	7 EXAMINATION
8 jreed@foley.com, and	8 BY MS. REED:
9 MS. ELVIA R. ANGUIANO,	10:02 9 Q. And, Dr. Funk, you have been designated
10 eanguiano@foley.com,	10:03 10 by Wexford to be their corporate rep today; is that
11 appeared via zoom on behalf of	10:03 11 correct?
12 Plaintiff;	10:03 12 A. Yes.
13	10:03 13 Q. And have you been deposed before?
14 CASSIDAY SCHADE LLP,	10:03 14 A. Yes.
15 (222 West Adams Street, Suite 2900,	10:03 15 Q. Okay. Well, I'm just going to go over
16 Chicago, Illinois 60606,	10:03 16 three quick ground rules just to make sure that we
17 1-312-641-3100), by:	10:03 17 are on the same page, but I'm not going to do my
18 MR. JOSEPH J. LOMBARDO,	10:03 18 whole spiel for you. Is that okay?
19 jlombardo@cassiday.com,	10:03 19 A. That is fine with me.
20 appeared via Zoom on behalf of	10:03 20 Q. So the first one and most important one
21 Defendants.	10:03 21 is, remember the court reporter, the lovely court
22 Defendants.	10:03 22 reporter is taking down everything we say, so we
44	
23 REPORTED BY: KRISTIN C. BRAJKOVICH, 24 CSR No. 84-3810.	10:03 23 just want to make sure that we don't talk over each 10:03 24 other so it makes it easier for her. Are you okay

	Page 5		Page 7
10:03 1	with that?	10:05 1	Q. Yes.
10:03 2	A. That's fine.	10:05 2	A. To the best of my knowledge I would be
10:03 3	Q. Second one, make sure you understand my	10:05 3	able to do that, yes.
10:03 4	question. I'm back in the Midwest now. But I used	10:05 4	Q. Okay. And is there any reason that you
10:03 5	to practice in Denver and California, so I would	10:05 5	can think of sitting here today that you would not
10:03 6	use weird Midwest words and they would just look at	10:06 6	be able to give your best testimony today?
10:03 7	me like I was crazy. So this was generally my	10:06 7	A. No, not that I wouldn't at the time I
10:03 8	warning, like, if you don't understand a word I use	10:06 8	was asked the question. I sometimes may remember
10:03 9	or if I'm using a weird word, I probably have	10:06 9	facts later on. People refer to that as having
10:03 10	adopted some Colorado words over the years. Just	10:06 10	their memory refreshed or being refreshed, so that
10:03 11	go ahead and ask me to clarify, and I'll do it. Is	10:06 11	occurs sometimes. So other than that, no, I would
10:04 12	that okay?	10:06 12	not know of any other reason.
10:04 13	A. That is fine. And English isn't my	10:06 13	Q. Okay. Fair enough. Just to give you
10:04 14	first language, so I may use some odd words myself.	10:06 14	some background, like I said, I practiced in
10:04 15	Q. Fair enough. The last one is, if you	10:06 15	Colorado, so this is essentially my veiled way of
10:04 16	need a break, I'm happy to let you take one. The	10:06 16	saying, Did you smoke weed this morning before this
10:04 17	only thing that I ask of you is that you answer the	10:06 17	deposition? It's just a standard question to make
10:04 18	last question that I posed before we take a break.	10:06 18	sure that you are able to answer everything. Okay?
10:04 19	Is that okay?	10:06 19	A. I understand. I'm just trying to answer
10:04 20	A. Sure.	10:06 20	your questions accurately.
10:04 21	Q. Okay. Now, there might be points in	10:06 21	Q. Yes. I appreciate that. Now, those are
10:04 22	time where your counsel objects. You have been	10:06 22	the ground rules.
10:04 23	through this before. You know you still have to	10:06 23	Could you state and spell your name for
10:04 24	answer the question unless he instructs you not to?	10:07 24	the record?
	Page 6		Page 8
10:04 1	A. I understand.	10:07 1	A. Yes, Arthur Funk, A-r-t-h-u-r, F-u-n-k.
10:04 2	Q. Now, is there any reason why you feel	10:07 2	Q. And you had mentioned that you had been
10:04 3	like you cannot answer truthfully and accurately in	10:07 3	deposed before; is that correct?
10:04 4	this deposition today?	10:07 4	A. Yes.
10:04 5	A. Yes.	10:07 5	Q. And how many times?
10:04 6	MS. REED: Ms. Court Reporter, could you read	10:07 6	A. Lots.
10:04 7	back my question. I want to give Dr. Funk another	10:07 7	Q. Can you give me a rough estimate?
10:04 8	chance to answer it.	10:07 8	A. I would say between 400 and 500.
10:04 9	(WHEREUPON, the record was read by	10:07 9	Q. Okay. And have you been a 30(b)(6)
10:05 10	the reporter.)	10:07 10	or strike that.
10:05 11	MR. LOMBARDO: So, Dr. Funk, you answered,	10:07 11	Have you been a corporate representative
10:05 12	yes, there was a reason you could not testify	10:07 12	in a deposition for Wexford before?
10:05 13	truthfully today.	10:07 13	A. Yes.
10:05 14	THE WITNESS: No, that is not correct.	10:07 14	Q. And about how many times?
10:05 15	MR. LOMBARDO: Okay. Do you want to change	10:07 15	A. More than 200. Between 200 and 300, I
10:05 16	your answer?	10:07 16	would guess.
10:05 17	THE WITNESS: No. My answer is correct.	10:07 17	Q. And what about within the last year,
10:05 18	BY MS. REED:	10:07 18	have you acted as a corporate representative in a
10:05 19	Q. Let me ask a different question, try it	10:07 19	deposition for Wexford?
10:05 20	a different way.	10:07 20	A. This calendar year or the last
10:05 21	Dr. Funk, are you able to give your best	10:07 21	12 months?
	and most accurate testimony today?	10:07 22	Q. The last 12 months.
10:05 22	, · · · · · · · · · · · · · · · · ·		- I
10:05 22 10:05 23	A. My best and most accurate, is what you	10:07 23	A. Yes. Of course, yes.
	• •		A. Yes. Of course, yes. Q. How many times within the last

	Page 9		Page 11
10:08 1	12 months?	10:11 1	a separate one?
10:08 2	A. Again, I don't keep track, so I'm just	10:11 2	A. That's correct, yes.
10:08 3	guessing off the top of my head. Probably 30, 40,	10:11 3	Q. Okay. Did you do anything to prepare
10:08 4	somewhere around there.	10:11 4	for this deposition today?
10:08 5	Q. Do you recall if any of those	10:11 5	A. Yes.
10:08 6	depositions involved a rheumatoid arthritis	10:11 6	Q. Can you tell me can you describe
10:08 7	diagnosis?	10:11 7	generally what you did to prepare for this
10:08 8	A. Not that I recall. I don't think so,	10:11 8	deposition?
10:08 9	but perhaps. Again, there's been many, but I don't	10:11 9	A. Primarily, I reviewed records that
10:08 10	believe any were from about rheumatoid	10:11 10	Mr. Lombardo had provided to me and other documents
10:08 11	arthritis.	10:11 11	related to the deposition.
10:08 12	Q. Okay. About when did you find out that	10:11 12	Q. Did you conduct any searches on your own
10:09 13	you would have to appear for this deposition today?	10:11 13	for documents related to this deposition?
10:09 14	A. I didn't I was never told I had to	10:11 14	A. No. I would have at the time the
10:09 15	appear. I volunteered to be the 30(b)(6)	10:11 15	litigation was first filed, I would have
10:09 16	representative, and I don't remember when. It was	10:11 16	participated in a litigation hold, it's called,
10:09 17	some months ago, but I don't keep track of things	10:11 17	from the company, where any documents relative to
10:09 18	like that. So it was months ago.	10:12 18	the complaint would have been forwarded to the risk
10:09 19	Q. All right. Now, you mentioned that you	10:12 19	management office, but I did not do that recently.
10:09 20	volunteered to be the 30(b)(6) representative. Are	10:12 20	Q. And just to clarify, can you say with
10:09 21	there other people in your office that you know of	10:12 21	relative certainty that you did, in fact,
10:09 22	who act as corporate representatives in these types	10:12 22	participate in the litigation hold process for this
10:09 23	of cases?	10:12 23	case, or do you just typically participate in that?
10:09 24	A. Not in my office. In the corporation	10:12 24	A. That is my practice, and I believe I
	Page 10		Page 12
10:09 1	there are, yes.	10:12 1	did. I have no reason to believe I didn't.
10:09 2	Q. Where is your office located?	10:12 2	Q. Okay. Other than reviewing records and
10:09 3	A. In Chicago.	10:12 3	documents, did you do anything else to prepare for
10:10 4	Q. And can you state your business address	10:12 4	the deposition?
10:10 5	for the record?	10:12 5	A. I reviewed the standards of care for
10:10 6	A. No. I can be contacted through my	10:13 6	rheumatoid arthritis and some related disorders.
10:10 7	attorney.		
10 10 7		10:13 7	That is all that is the only other thing I
10:10 8	MR. LOMBARDO: Jasmine, I think we are going	10:13 7 10:13 8	
	•		That is all that is the only other thing I
10:10 8	MR. LOMBARDO: Jasmine, I think we are going	10:13 8	That is all that is the only other thing I recall having done.
10:10 8 10:10 9 10:10 10 10:10 11	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And	10:13 8 10:13 9 10:13 10 10:13 11	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would
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10:10 8 10:10 9 10:10 10 10:10 11 10:10 12 10:10 13	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And just because of Mr. Daniels' record, for security purposes we'll object to that.	10:13 8 10:13 9 10:13 10 10:13 11 10:13 12 10:13 13	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would have communicated with the director of risk management at the corporate office, Mr. Joe Ebbitt,
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10:10 8 10:10 9 10:10 10 10:10 11 10:10 12 10:10 13 10:10 14 10:10 15 10:10 16 10:10 17 10:10 18 10:10 19 10:10 20	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And just because of Mr. Daniels' record, for security purposes we'll object to that. He could give you Wexford's corporate office in Pittsburgh, but that is not where he is actually physically located, if you want that. BY THE WITNESS: A. I can certainly give you that address, if you would like. BY MS. REED:	10:13 8 10:13 9 10:13 10 10:13 11 10:13 12 10:13 13 10:13 14 10:13 15 10:14 16 10:14 17 10:14 18 10:14 19 10:14 20	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would have communicated with the director of risk management at the corporate office, Mr. Joe Ebbitt, but that was just in regards to scheduling of the deposition. Q. When you were preparing for the deposition, about how many times did you speak with, say via phone or video conference or in person, Mr. Lombardo? A. I think it was three or four times, but
10:10 8 10:10 9 10:10 10 10:10 11 10:10 12 10:10 13 10:10 14 10:10 15 10:10 16 10:10 17 10:10 18 10:10 19 10:10 20 10:10 21	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And just because of Mr. Daniels' record, for security purposes we'll object to that. He could give you Wexford's corporate office in Pittsburgh, but that is not where he is actually physically located, if you want that. BY THE WITNESS: A. I can certainly give you that address, if you would like. BY MS. REED: Q. I guess I just need you to confirm for	10:13 8 10:13 9 10:13 10 10:13 11 10:13 12 10:13 13 10:13 14 10:13 15 10:14 16 10:14 17 10:14 18 10:14 19 10:14 20 10:14 21	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would have communicated with the director of risk management at the corporate office, Mr. Joe Ebbitt, but that was just in regards to scheduling of the deposition. Q. When you were preparing for the deposition, about how many times did you speak with, say via phone or video conference or in person, Mr. Lombardo? A. I think it was three or four times, but the conversations would not have been restricted to
10:10 8 10:10 9 10:10 10 10:10 11 10:10 12 10:10 13 10:10 14 10:10 15 10:10 16 10:10 17 10:10 18 10:10 19 10:10 20 10:10 21 10:10 22	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And just because of Mr. Daniels' record, for security purposes we'll object to that. He could give you Wexford's corporate office in Pittsburgh, but that is not where he is actually physically located, if you want that. BY THE WITNESS: A. I can certainly give you that address, if you would like. BY MS. REED: Q. I guess I just need you to confirm for the record — and I note that your attorney did it,	10:13 8 10:13 9 10:13 10 10:13 11 10:13 12 10:13 13 10:13 14 10:13 15 10:14 16 10:14 17 10:14 18 10:14 19 10:14 20 10:14 21 10:14 22	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would have communicated with the director of risk management at the corporate office, Mr. Joe Ebbitt, but that was just in regards to scheduling of the deposition. Q. When you were preparing for the deposition, about how many times did you speak with, say via phone or video conference or in person, Mr. Lombardo? A. I think it was three or four times, but the conversations would not have been restricted to this claim. It would have been any other claims
10:10 8 10:10 9 10:10 10 10:10 11 10:10 12 10:10 13 10:10 14 10:10 15 10:10 16 10:10 17 10:10 18 10:10 19 10:10 20 10:10 21	MR. LOMBARDO: Jasmine, I think we are going to make an objection just for security purposes. I think that Dr. Funk has a home office, so his home office and business office would be the same. And just because of Mr. Daniels' record, for security purposes we'll object to that. He could give you Wexford's corporate office in Pittsburgh, but that is not where he is actually physically located, if you want that. BY THE WITNESS: A. I can certainly give you that address, if you would like. BY MS. REED: Q. I guess I just need you to confirm for	10:13 8 10:13 9 10:13 10 10:13 11 10:13 12 10:13 13 10:13 14 10:13 15 10:14 16 10:14 17 10:14 18 10:14 19 10:14 20 10:14 21	That is all that is the only other thing I recall having done. Q. Okay. Did you speak with anyone in preparation for the deposition? A. Just counsel, Mr. Lombardo, and I would have communicated with the director of risk management at the corporate office, Mr. Joe Ebbitt, but that was just in regards to scheduling of the deposition. Q. When you were preparing for the deposition, about how many times did you speak with, say via phone or video conference or in person, Mr. Lombardo? A. I think it was three or four times, but the conversations would not have been restricted to

	Page 13		Page 15
10:14 1	Q. Okay. And of those three or four times,	10:19 1	Q. Okay. And how did you get prepared?
10:14 2	can you give me an estimate of the percentage of	10:19 2	A. As I stated, by reviewing the
10:14 3	that time that was spent actually speaking about	10:19 3	information that was provided to me, my familiarity
10:14 4	this deposition for this case?	10:19 4	from my working in the department of corrections,
10:15 5	A. It would have been the majority of the	10:19 5	and, specifically, for Wexford Health Sources.
10:15 6	time, but I can't estimate what percent.	10:19 6	Q. Okay. And I know it's repetitive, but
10:15 7	Q. Okay. And about how long did these	10:19 7	I'm going to have to ask you the same question for
10:15 8	conversations last?	10:19 8	every one. I understand that you'll say, As I just
10:15 9	A. Less than an hour, more than ten	10:19 9	said. I'm just letting you know, I just have to
10:15 10	minutes. Between ten minutes and, I would say,	10:19 10	make the record.
10:15 11	45 minutes, is what I would guess.	10:19 11	A. Sure.
10:15 12	Q. Okay. I'm going to show you what will	10:19 12	Q. So Topic No. 2, Policies, procedures,
10:15 13	be marked as the first exhibit for this deposition.	10:19 13	and protocols for treatment of serious medical
10:16 14	Okay. So how this works is, I'm going to type the	10:20 14	conditions, serious medical needs, or chronic
10:16 15	exhibit number in the chat and then attach the	10:20 15	medical conditions, including but not limited to,
10:16 16	document, just to make sure everyone has it.	10:20 16	joint pain, arthritis, rheumatoid arthritis,
10:17 17	Okay. So, Dr. Funk, can you see my	10:20 17	elevated Rh factors, ulcers, abdominal pain, GERD,
10:17 18	screen now?	10:20 18	acid reflux, and gastritis.
10:17 19	A. Yes, I can.	10:20 19	Are you prepared to testify about Topic
10:17 20	Q. And is that font size fine, or do I need	10:20 20	No. 2, as I just read it?
10:17 21	to blow it up a little bit?	10:20 21	A. Yes.
10:17 22	A. You'd need to blow it up for me to	10:20 22	Q. And how are you prepared to testify
10:17 23	actually read the print.	10:20 23	about it?
10:17 24	Q. Okay. How is that?	10:20 24	A. The same response as to No. 1.
	Page 14		Page 16
10:18 1	Page 14 A. That's a lot better.	10:20 1	Page 16 Q. Okay. Topic No. 3, Policies,
10:18 1 10:18 2	A. That's a lot better.Q. Okay. So I'm showing you what has been	10:20 1 10:20 2	
	A. That's a lot better.		Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical
10:18 2 10:18 3 10:18 4	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6)	10:20 2 10:20 3 10:20 4	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but
10:18 2 10:18 3 10:18 4 10:18 5	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's	10:20 2 10:20 3 10:20 4 10:20 5	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical
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10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis.
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10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this.	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it?
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes.
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before?	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3?
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo.	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1.
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this.	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists.
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 19	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it?
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 19	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to medical treatment of prisoners at Illinois	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19 10:21 20	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it? A. Yes.
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 20 10:19 21	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to medical treatment of prisoners at Illinois Department of Corrections.	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19 10:21 20 10:21 21	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it? A. Yes. Q. And how did you prepare to testify for
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 20 10:19 21 10:19 22	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to medical treatment of prisoners at Illinois Department of Corrections. Are you prepared to testify about Topic	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19 10:21 20 10:21 21	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it? A. Yes. Q. And how did you prepare to testify for Topic No. 4?
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 20 10:19 21 10:19 22 10:19 23	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to medical treatment of prisoners at Illinois Department of Corrections. Are you prepared to testify about Topic No. 1 today?	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19 10:21 20 10:21 21 10:21 22 10:21 23	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it? A. Yes. Q. And how did you prepare to testify for Topic No. 4? A. The same response as No. 1.
10:18 2 10:18 3 10:18 4 10:18 5 10:18 6 10:18 7 10:18 8 10:18 9 10:18 10 10:18 11 10:18 12 10:18 13 10:18 14 10:18 15 10:19 16 10:19 17 10:19 18 10:19 20 10:19 21 10:19 22	A. That's a lot better. Q. Okay. So I'm showing you what has been marked as Exhibit 1 for the deposition, and it's titled Second Amended Notice of Rule 30(b)(6) Remote Video Conference Deposition for Wexford Health Sources, Incorporated. Did I read that accurately? A. Yes. Q. I'm going to slowly scroll through this. So before today, had you seen this notice of deposition before? A. Yes. It appears to be what I was provided by Mr. Lombardo. Q. Okay. So now I'm going to go through each of the topics and ask you if you are prepared to testify about them today, so you know where I'm going with this. We are starting on page 2 of Exhibit No. 1, Topic No. 1 reads, Policies related to medical treatment of prisoners at Illinois Department of Corrections. Are you prepared to testify about Topic	10:20 2 10:20 3 10:20 4 10:20 5 10:20 6 10:20 7 10:21 8 10:21 9 10:21 10 10:21 11 10:21 12 10:21 13 10:21 14 10:21 15 10:21 16 10:21 17 10:21 18 10:21 19 10:21 20 10:21 21	Q. Okay. Topic No. 3, Policies, procedures, and protocols for screening inmates with serious medical conditions, serious medical needs, or chronic medical conditions including, but not limited to, joint pain, arthritis, rheumatoid arthritis, elevated Rh factors, ulcers, abdominal pain, GERD, acid reflux, and gastritis. Are you prepared to testify concerning Topic No. 3, as I have just read it? A. Yes. Q. And how did you prepare yourself to testify on Topic No. 3? A. The same response as Topic No. 1. Q. Topic No. 4, Policies, procedures, and protocols for requesting outside medical tests and/or consultations with outside medical specialists. Are you prepared to testify on Topic No. 4, as I just read it? A. Yes. Q. And how did you prepare to testify for Topic No. 4?

	Page 17		Page 19
10:21 1	in grievance process at IDOC. Are you prepared to	10:23 1	Q. Okay. Topic No. 11, Wexford's
10:21 2	testify about Topic No. 5, as I just read it?	10:23 2	correspondence and/or communications with Saleh
10:21 3	A. Yes.	10:23 3	Obaisi, M.D., and/or LaTonya Williams regarding the
10:21 4	Q. And how did you prepare yourself to	10:23 4	treatment of plaintiff.
10:21 5	testify about Topic No. 5?	10:23 5	Are you prepared to testify about Topic
10:21 6	A. Again. Same response as No. 1.	10:23 6	No. 11, as I just read it?
10:22 7	Q. Topic No. 6, Policies, procedures, and	10:23 7	A. Yes.
10:22 8	protocols for ordered medication not on the	10:23 8	Q. And how did you prepare yourself to
10:22 9	approved medication list. Are you prepared to	10:23 9	testify about Topic No. 11?
10:22 10	testify about Topic No. 6, as I just read it?	10:24 10	A. Same response as to No. 1.
10:22 11	A. Yes.	10:24 11	Q. Topic No. 12, Wexford's correspondence
10:22 12	Q. And how did you prepare yourself to	10:24 12	and/or communications with physicians and/or other
10:22 13	testify for Topic No. 6?	10:24 13	health care professionals regarding the treatment
10:22 14	A. Again, same response as to No. 1.	10:24 14	of plaintiff.
10:22 15	Q. Okay. Topic No. 7, Policy to ensure	10:24 15	Are you prepared to testify about Topic
10:22 16	that all medical services are provided in	10:24 16	No. 12, as I just read it?
10:22 17	accordance with medically accepted community	10:24 17	A. Yes.
10:22 18	standards of care.	10:24 18	Q. And how did you prepare yourself to
10:22 19	Are you prepared to testify about Topic	10:24 19	testify about Topic No. 12?
10:22 20	No. 7, as I just read it?	10:24 20	A. Same response as to No. 1.
10:22 21	A. Yes.	10:24 21	Q. Okay. Topic No. 13, Policies,
10:22 22	Q. And how did you prepare yourself to	10:24 22	procedures, and protocols related to the diagnosis
10:22 23	testify about Topic No. 7?	10:24 23	and/or administration of prescription medications
10:22 24	A. Again, same response as to No. 1.	10:24 24	including, without limitation, any related to
	Page 18		Page 20
10:22 1	Q. Topic No. 8, Point of contact for	10:24 1	inappropriately accelerated diseases.
10:22 2	interaction between IDOC and Wexford. Are you	10:24 2	Are you prepared to testify about Topic
10:22 3	prepared to testify about Topic No. 8, as I just	10:24 3	No. 13?
10:22 4	read it?	10:24 4	A. Yes.
10:22 5	A. Yes.	10:24 5	Q. How did you prepare yourself to testify
10:22 6	Q. And how did you prepare yourself to		
		10:24 6	about Topic No. 13?
10:22 7	testify about Topic No. 8?	10:24 6 10:24 7	about Topic No. 13? A. Same response as to No. 1.
10:22 7 10:23 8			*
	testify about Topic No. 8?	10:24 7	A. Same response as to No. 1.
10:23 8	testify about Topic No. 8? A. Same response as to No. 1.	10:24 7 10:24 8	A. Same response as to No. 1.Q. Topic No. 14, Policies, procedures, and
10:23 8 10:23 9	testify about Topic No. 8? A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies,	10:24 7 10:24 8 10:24 9	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and
10:23 8 10:23 9 10:23 10	testify about Topic No. 8? A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal	10:24 7 10:24 8 10:24 9 10:24 10	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC.
10:23 8 10:23 9 10:23 10 10:23 11	testify about Topic No. 8? A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records.	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12	testify about Topic No. 8? A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it?
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes.
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9?	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1.
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1.	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies,
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9?	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15	 A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18 10:23 19	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and screening of plaintiff. Are you prepared to	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18 10:25 19	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident reports, and monitoring of inmates.
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18 10:23 19 10:23 20 10:23 21	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and screening of plaintiff. Are you prepared to testify about Topic No. 10, as I just read it? A. Yes.	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18 10:25 19	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident reports, and monitoring of inmates. Are you prepared to testify about Topic
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18 10:23 19 10:23 20 10:23 21 10:23 22	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and screening of plaintiff. Are you prepared to testify about Topic No. 10, as I just read it? A. Yes. Q. And how did you prepare yourself to	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18 10:25 19 10:25 20 10:25 21	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident reports, and monitoring of inmates. Are you prepared to testify about Topic No. 15, as I just read it?
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18 10:23 19 10:23 20 10:23 21 10:23 22 10:23 23	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and screening of plaintiff. Are you prepared to testify about Topic No. 10, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 10?	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18 10:25 19 10:25 20 10:25 21 10:25 22	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident reports, and monitoring of inmates. Are you prepared to testify about Topic No. 15, as I just read it? A. Yes.
10:23 8 10:23 9 10:23 10 10:23 11 10:23 12 10:23 13 10:23 14 10:23 15 10:23 16 10:23 17 10:23 18 10:23 19 10:23 20 10:23 21 10:23 22	A. Same response as to No. 1. Q. Okay. Topic No. 9, Policies, procedures, and protocols for Wexford's internal review of inmates' medical records. Are you prepared to testify about Topic No. 9, as I just read it? A. Yes. Q. How did you prepare yourself to testify about Topic No. 9? A. The same response as to No. 1. Q. Topic No. 10, Intake, treatment, and screening of plaintiff. Are you prepared to testify about Topic No. 10, as I just read it? A. Yes. Q. And how did you prepare yourself to	10:24 7 10:24 8 10:24 9 10:24 10 10:25 11 10:25 12 10:25 13 10:25 14 10:25 15 10:25 16 10:25 17 10:25 18 10:25 19 10:25 20 10:25 21	A. Same response as to No. 1. Q. Topic No. 14, Policies, procedures, and protocols related to intake, medical treatment, and screening inmates for medical conditions at IDOC. Are you prepared to testify about Topic No. 14, as I just read it? A. Yes. Q. And how did you prepare yourself to testify about Topic No. 14? A. Same response as to No. 1. Q. Okay. Topic No. 15, Policies, procedures, and protocols related to handling sick call records, medical call reports, incident reports, and monitoring of inmates. Are you prepared to testify about Topic No. 15, as I just read it?

	Page 21		Page 23
10:25 1	testify about Topic No. 15?	10:28 1	Q. That last thing, did you say utilization
10:25 2	A. Same response as to No. 1.	10:28 2	management records?
10:25 3	Q. Topic No. 16, Policies and policies	10:28 3	A. Yes.
10:25 4	and related to the prescription and/or	10:28 4	Q. So my list consists of, for the
10:25 5	administration of prescription medication.	10:28 5	documents that you remember reviewing, medical
10:25 6	Are you prepared to testify about Topic	10:28 6	records, legal correspondence, grievances, Wexford
10:25 7	No. 16, as I just read it?	10:28 7	guidelines, the deposition of plaintiff, and
10:25 8	A. Yes.	10:28 8	utilization management records. Is there anything
10:25 9	Q. Okay. And how did you prepare yourself	10:28 9	else that you can think of?
10:25 10	to testify about Topic No. 16?	10:28 10	A. I said legal correspondences or legal
10:25 11	A. Same response as to No. 1.	10:28 11	documents in the plural, not in the singular.
10:25 12	Q. Okay. Topic No. 17, Wexford's document	10:28 12	Q. Okay. Anything else?
10:26 13	retention policies regarding documents that are	10:28 13	A. Well, this deposition notice and some
10:26 14	relevant to this lawsuit.	10:28 14	other documents, but, no, I don't recall anything
10:26 15	Are you prepared to testify about Topic	10:28 15	else.
10:26 16	No. 17, as I just read it?	10:28 16	Q. The medical records that you reviewed,
10:26 17	A. Yes.	10:29 17	what institution did those medical records come
10:26 18	Q. Okay. How did you prepare yourself to	10:29 18	from?
10:26 19	testify about Topic No. 17?	10:29 19	A. Several.
10:26 20	A. Same response as to No. 1.	10:29 20	Q. Which ones?
10:26 21	Q. Okay. That is the end of the topics.	10:29 21	A. Primarily, the Department of
10:26 22	Now I'm going to dig a little further	10:29 22	Corrections. A rheumatologist that was in Illinois
10:26 23	into your response to Topic No. 1 and how you	10:29 23	but from his office somewhere in Central Illinois,
10:26 24	prepared, as it applies to all of the topics.	10:29 24	and then just yesterday afternoon, I received some
	Page 22		Page 24
10:26 1	Now, earlier when we talked about what	10:29 1	records from Mr. Lombardo from the Cook County
10:26 2	you did to prepare, you said that you reviewed	10:29 2	Health System for treatment of the plaintiff for
10:26 3	records and other documents; is that correct?	10:29 3	four visits that he had there.
10:26 4	A. Yes.	10:29 4	Q. Okay. Any other institutions that you
10:26 5	Q. Okay. And you also said that you	10:29 5	can recall?
10:26 6	reviewed the standards of care of rheumatoid	10:30 6	A. He may have had some testing at other
10:26 7	arthritis and other diseases?	10:30 7	facilities that I did not mention, but I don't know
10:26 8	A. For rheumatoid related diseases, is what	10:30 8	the name of them, as I'm sitting here right now.
10:26 9	I said, yes.	10:30 9	Q. Do you have those documents with you?
10:26 10	Q. Okay. Related. I apologize. Let's	10:30 10	A. No.
10:27 11	start with the records you reviewed.	10:30 11	Q. How were those documents sent to you?
10:27 12	First of all, what types of records did	10:30 12	A. Via courier primarily. The records I
10:27 13	you review for this file?	10:30 13	received yesterday afternoon were scanned and sent
10:27 14	A. The records that were provided by	10:30 14	electronically.
10:27 15	Mr. Lombardo.	10:30 15	Q. Okay. Now, the legal correspondence, I
10:27 16	Q. And what did those records consist of?	10:30 16	don't want to get into communications between you
10:27 17	A. There were medical records. There were	10:30 17	and your attorney, so can you just generally
10:27 18	different legal correspondences and documents. I	10:30 18	describe what you meant by legal correspondences?
10:27 19	recall two grievances. There were some Wexford	10:31 19	A. The different legal documents, such as
10:27 20	guidelines or policies. The deposition of the	10:31 20	the response to interrogatories, like this notice
10:27 21	plaintiff and some utilization management records.	10:31 21	of deposition, the things like requests to admit,
10:28 22	That is what I recall, but there may have been some	10:31 22	things like that.
10:28 23	other documents. It's been some time since I	10:31 23	Q. Okay. And by grievances, were you
10:28 24	reviewed them.	10:31 24	referring to the plaintiff's grievances that he
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	Page 25		Page 27
10:31 1	filed?	10:35 1	you describe for me what you reviewed to determine
10:31 2	A. Yes. I believe there were two, yes.	10:35 2	the standards of care for rheumatoid arthritis?
10:31 3	Q. Now, let's discuss the Wexford	10:35 3	A. I reviewed documents that were published
10:31 4	guidelines that you reviewed. Was that one	10:36 4	by a source called UpToDate. It's a medical
10:31 5	document, or was it multiple sets of guidelines?	10:36 5	reference that clinicians use.
10:32 6	A. There were portions taken out of	10:36 6	Q. Is this an online resource?
10:32 7	guidelines that I believe there were more than	10:36 7	A. Yes.
10:32 8	one. I just scanned those. They were also just	10:36 8	Q. Anything else?
10:32 9	provided yesterday afternoon.	10:36 9	A. No, that is what I recall.
10:32 10	Q. Were those provided via e-mail?	10:36 10	Q. Okay. So the documents by UpToDate
10:32 11	A. Yes.	10:36 11	covered standards for rheumatoid arthritis and
10:32 12	Q. All right. Do you recall the names of	10:36 12	related diseases?
10:32 13	those guidelines?	10:36 13	A. Yes. That is not all it contains, but
10:32 14	A. Medical guidelines and medical policies	10:36 14	it has those illnesses and many other illnesses.
10:32 15	and procedures, one or the other.	10:36 15	Q. Okay. Did you speak with any of the
10:32 16	Q. Any other names or guidelines?	10:37 16	employees involved in this lawsuit to prep for the
10:32 17	A. Not that I recall. I did not really	10:37 17	deposition?
10:32 18	have time because of the short notice to review	10:37 18	A. No.
10:33 19	them, but I have reviewed those all of Wexford's	10:37 19	Q. Okay. Other than your attorney and the
10:33 20	documents for other depositions, so I did not feel	10:37 20	risk management person, do you recall speaking with
10:33 21	that I had a need to look at it specifically.	10:37 21	anyone else to prepare for this deposition?
10:33 22	Q. Okay. And by deposition of the	10:37 22	A. No.
10:33 23	plaintiff, you mean the plaintiff in this case,	10:37 23	Q. Okay. You mentioned that you are
10:33 24	correct?	10:38 24	familiar with Wexford's procedures based on your
	Page 26		Page 28
10:33 1	Page 26 A. Yes.	10:38 1	Page 28 own experience; is that accurate?
10:33 1 10:33 2		10:38 1 10:38 2	
	A. Yes.		own experience; is that accurate?
10:33 2	A. Yes.Q. Now, describe for me what utilization	10:38 2	own experience; is that accurate? A. Yes.
10:33 2 10:33 3	A. Yes. Q. Now, describe for me what utilization management records are.	10:38 2 10:38 3	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you
10:33 2 10:33 3 10:33 4	A. Yes.Q. Now, describe for me what utilization management records are.A. They are records generated from	10:38 2 10:38 3 10:38 4	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what
10:33 2 10:33 3 10:33 4 10:33 5	 A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department 	10:38 2 10:38 3 10:38 4 10:38 5	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay?
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6	 A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside 	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure.
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7	 A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional 	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8	 A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. 	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct?
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example?	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois.
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example? A. They appear as screen shots, a computer	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9 10:38 10	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois. Q. For Illinois. How long have you been in
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9 10:34 10	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example? A. They appear as screen shots, a computer screen shot with information written in it that	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9 10:38 10 10:38 11	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois. Q. For Illinois. How long have you been in that position?
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9 10:34 10 10:34 11 10:34 12	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example? A. They appear as screen shots, a computer screen shot with information written in it that pertains to Mr. Daniels, so it would have his	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9 10:38 10 10:38 11 10:38 12	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois. Q. For Illinois. How long have you been in that position? A. Since 2005.
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10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9 10:34 10 10:34 11 10:34 12 10:34 13 10:34 14 10:34 15 10:34 15 10:34 16 10:34 17 10:34 18 10:35 19 10:35 20 10:35 21	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example? A. They appear as screen shots, a computer screen shot with information written in it that pertains to Mr. Daniels, so it would have his identifying information and clinical information, such as what service or study was requested and then a summary of the conversation and justification for that service. Q. Who fills out these or who creates or develops these records, the utilization management records? A. The utilization management nurse in the corporate office in Pittsburgh.	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9 10:38 10 10:38 11 10:38 12 10:38 13 10:38 14 10:38 15 10:39 16 10:39 17 10:39 18 10:39 19 10:39 20 10:39 21	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois. Q. For Illinois. How long have you been in that position? A. Since 2005. Q. And what did you do before that, immediately before? A. I was site medical director for a facility in Illinois, and I also for about six or eight months, as I remember, I performed utilization management functions for Wexford. That was in 2004 to 2005. Q. Okay. So you were the regional or you are the regional medical director and you have
10:33 2 10:33 3 10:33 4 10:33 5 10:33 6 10:33 7 10:33 8 10:33 9 10:34 10 10:34 11 10:34 12 10:34 13 10:34 14 10:34 15 10:34 16 10:34 17 10:34 18 10:35 19 10:35 20 10:35 21	A. Yes. Q. Now, describe for me what utilization management records are. A. They are records generated from Wexford's utilization management department regarding services that are primarily done outside of the facility, that is of the correctional facility where the plaintiff was housed. Q. Can you give me an example? A. They appear as screen shots, a computer screen shot with information written in it that pertains to Mr. Daniels, so it would have his identifying information and clinical information, such as what service or study was requested and then a summary of the conversation and justification for that service. Q. Who fills out these or who creates or develops these records, the utilization management records? A. The utilization management nurse in the corporate office in Pittsburgh. Q. Okay. Now, let's switch to the	10:38 2 10:38 3 10:38 4 10:38 5 10:38 6 10:38 7 10:38 8 10:38 9 10:38 10 10:38 11 10:38 12 10:38 13 10:38 14 10:38 15 10:39 16 10:39 17 10:39 18 10:39 20 10:39 21 10:39 22	own experience; is that accurate? A. Yes. Q. Okay. So now I'm just going to ask you some background questions, so I understand what your experience is. Is that okay? A. Sure. Q. Your current position is the regional medical director for Wexford; is that correct? A. For Illinois. Q. For Illinois. How long have you been in that position? A. Since 2005. Q. And what did you do before that, immediately before? A. I was site medical director for a facility in Illinois, and I also for about six or eight months, as I remember, I performed utilization management functions for Wexford. That was in 2004 to 2005. Q. Okay. So you were the regional or you are the regional medical director of Illinois

	Page 29		Page 31
10:39 1	Q. And prior to that, you were a site	10:43 1	summary of what that entailed?
10:40 2	medical director?	10:43 2	Wexford has a utilization management
10:40 3	A. Correct.	10:43 3	function called collegial review, where a physician
10:40 4	Q. And how long were you a site medical	10:43 4	reviews the requests by another physician. Those
10:40 5	director?	10:43 5	are requests for services outside of the facility.
10:40 6	A. Seven and a half years.	10:44 6	It is a teleconference meeting that consists of the
10:40 7	Q. And then concurrently with that	10:44 7	physician who is making the request, a utilization
10:40 8	position, you also had some utilization management	10:44 8	management nurse, utilization management physician,
10:40 9	duties from 2004 to 2005; is that correct?	10:44 9	in which case I was fulfilling that role, and the
10:40 10	A. Yes.	10:44 10	site scheduler. That is the person who schedules
10:40 11	Q. When you were a site director, could you	10:44 11	the request.
10:40 12	just generally describe for me what your duties	10:44 12	It consists at least of those four
10:40 13	were?	10:44 13	individuals, but sometimes others may join on the
10:40 14	A. Clinical and administrative duties for	10:44 14	call, such as the health care unit administrator or
10:40 15	the facility, and I supervised the clinical staff	10:44 15	director of nursing or somebody sometimes
10:40 16	at the facility.	10:44 16	somebody from the administrative staff at the
10:40 17	Q. And can you give me a little bit more	10:44 17	facility. And the call consists of the request,
10:41 18	detail about what it means to supervise the	10:44 18	and then the review of the person's request, a
10:41 19	clinical staff at the facility?	10:44 19	discussion ensues and then a decision is made as to
10:41 20	A. Yes. I oversaw the services, the health	10:44 20	the best course of treatment consistent with the
10:41 21	care services that were delivered from all of the	10:45 21	contract and the community standard of care.
10:41 22	different departments at the facility, nursing,	10:45 22	Q. So is it fair to say that the purpose of
10:41 23	radiology, phlebotomy, dental, mental health, and	10:45 23	those collegial reviews was to determine whether
10:41 24	then clinical. And then I was the direct	10:45 24	the patient should be referred outside of the
	Page 30		Page 32
10:41 1	Page 30 supervisor of the physicians, the staff physicians,	10:45 1	Page 32 facility to another physician?
10:41 1 10:41 2		10:45 1 10:45 2	
	supervisor of the physicians, the staff physicians,		facility to another physician?
10:41 2	supervisor of the physicians, the staff physicians, that provided the direct care to the population.	10:45 2	facility to another physician? A. Whether it was appropriate, yes.
10:41 2 10:41 3	supervisor of the physicians, the staff physicians, that provided the direct care to the population. Q. As a site medical director, were you	10:45 2 10:45 3	facility to another physician? A. Whether it was appropriate, yes. Q. And what were some reasons that during
10:41 2 10:41 3 10:41 4	supervisor of the physicians, the staff physicians, that provided the direct care to the population. Q. As a site medical director, were you involved with training of the physicians when they	10:45 2 10:45 3 10:45 4	facility to another physician? A. Whether it was appropriate, yes. Q. And what were some reasons that during your tenure you would deny that request?
10:41 2 10:41 3 10:41 4 10:42 5	supervisor of the physicians, the staff physicians, that provided the direct care to the population. Q. As a site medical director, were you involved with training of the physicians when they started?	10:45 2 10:45 3 10:45 4 10:45 5	facility to another physician? A. Whether it was appropriate, yes. Q. And what were some reasons that during your tenure you would deny that request? A. If it was not covered by the contract,
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	Page 33		Page 35
10:47 1	treatment of Hepatitis C and HIV, medication	10:50 1	regional medical director for Illinois?
10:47 2	treatment I'm referring to, dialysis services at	10:50 2	A. Yes. I perform clinical and
10:47 3	the time. That has since changed. It's now under	10:50 3	administrative duties as assigned to me by my
10:47 4	our contract, but for most of the contract or the	10:50 4	supervisors.
10:47 5	time period in question, it would have been	10:50 5	Q. Who are your supervisors?
10:47 6	dialysis services. Abortion services, sex change	10:50 6	A. The clinical supervisor would be
10:47 7	services, sex reassignment services, surgical sex	10:50 7	Dr. Stephen Ritz, and then my administrative
10:47 8	reassignment.	10:50 8	supervisor would be Stacey Scott.
10:47 9	Those are the ones that come to mind.	10:50 9	Q. What type of clinical duties does your
10:47 10	Again, the contract defines what we do primarily,	10:50 10	supervisor assign to you?
10:47 11	not what we don't do, but it does make reference to	10:51 11	A. To supervise the medical directors at
10:47 12	certain illnesses that I mentioned that are the	10:51 12	the facilities that I'm assigned to and provide
10:47 13	Department of Corrections' responsibility.	10:51 13	direct care, when called for, review care provided
10:47 14	Q. Okay. And so if something is not	10:51 14	by other physicians. That may be the individuals
10:47 15	covered by the contract and you tell the physician	10:51 15	that I'm supervising or other staff at the
10:47 16	from the site that it's not covered, then what is	10:51 16	facility, but it would primarily be confined to the
10:48 17	the next step for that physician?	10:51 17	facilities that I oversee.
10:48 18	A. He would need to resolve that. He would	10:51 18	Q. Okay. And what are some of your
10:48 19	need to respond to that by telling the patient that	10:51 19	administrative duties that are assigned to you from
10:48 20	the service is not provided and why it's not	10:51 20	your supervisor?
10:48 21	provided and then give them an avenue to whom to	10:51 21	A. Well, responding to legal matters would
10:48 22	request that service.	10:51 22	be one, such as this deposition. Related to that,
10:48 23	Q. Okay. In your current role, are you	10:51 23	other claims that come from inmates, attending
10:48 24	still familiar with the utilization management	10:52 24	meetings, reviewing data, information, things like
	Page 34		Page 36
10:48 1	Page 34 duties?	10:52 1	Page 36 that.
10:48 1 10:48 2		10:52 1 10:52 2	
	duties?		that.
10:48 2	duties? A. Yes.	10:52 2	that. Q. Okay. Do you have a separate medical
10:48 2 10:48 3	duties? A. Yes. Q. Okay. And as you have just described,	10:52 2 10:52 3	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional
10:48 2 10:48 3 10:48 4	duties? A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005,	10:52 2 10:52 3 10:52 4	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois?
10:48 2 10:48 3 10:48 4 10:48 5	duties? A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same	10:52 2 10:52 3 10:52 4 10:52 5	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No.
10:48 2 10:48 3 10:48 4 10:48 5 10:48 6	duties? A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed
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10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 9 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the
10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 9 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15 10:49 16	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of the collegial review process, did that process stay	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15 10:53 16	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the hierarchy a little bit. Right now, when you
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10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15 10:49 16 10:49 17 10:49 18 10:49 19	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of the collegial review process, did that process stay the same as you have described it to me today? A. Yes, approximately the same. There were tweaks with the policy that occurred over time,	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15 10:53 16 10:53 17 10:53 18 10:53 19	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the hierarchy a little bit. Right now, when you supervise medical directors, are you supervising site medical directors, i.e., the prior position that you had?
10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15 10:49 17 10:49 18 10:49 19 10:49 20	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of the collegial review process, did that process stay the same as you have described it to me today? A. Yes, approximately the same. There were tweaks with the policy that occurred over time, refining it and clarifying, but the procedure	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15 10:53 16 10:53 17 10:53 18 10:53 19 10:53 20	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the hierarchy a little bit. Right now, when you supervise medical directors, are you supervising site medical directors, i.e., the prior position that you had? A. Correct. That's correct.
10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15 10:49 16 10:49 17 10:49 18 10:49 19 10:49 20 10:49 21	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by — my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of the collegial review process, did that process stay the same as you have described it to me today? A. Yes, approximately the same. There were tweaks with the policy that occurred over time, refining it and clarifying, but the procedure basically remained the same.	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15 10:53 16 10:53 17 10:53 18 10:53 19 10:53 20 10:54 21	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the hierarchy a little bit. Right now, when you supervise medical directors, are you supervising site medical directors, i.e., the prior position that you had? A. Correct. That's correct. Q. Are you involved with hiring at all?
10:48 2 10:48 3 10:48 4 10:48 5 10:48 6 10:48 7 10:49 8 10:49 10 10:49 11 10:49 12 10:49 13 10:49 14 10:49 15 10:49 16 10:49 17 10:49 18 10:49 19 10:49 20 10:49 21 10:49 21	A. Yes. Q. Okay. And as you have just described, the duties that you were doing from 2004 to 2005, has that collegial review process stayed the same throughout your tenure as the regional medical director? A. Different individuals were involved, but recently the collegial review by my contract was eliminated with the last contract renewal, which was about nine months ago. Q. Do you know why? A. It was a request from the Department of Corrections. Q. Okay. So prior to the elimination of the collegial review process, did that process stay the same as you have described it to me today? A. Yes, approximately the same. There were tweaks with the policy that occurred over time, refining it and clarifying, but the procedure basically remained the same. Q. Okay. Now, I'm going to pivot here to	10:52 2 10:52 3 10:52 4 10:52 5 10:52 6 10:52 7 10:52 8 10:52 9 10:52 10 10:53 11 10:53 12 10:53 13 10:53 14 10:53 15 10:53 16 10:53 17 10:53 18 10:53 19 10:53 20 10:54 21 10:54 22	that. Q. Okay. Do you have a separate medical practice outside from your role as a regional medical director for Illinois? A. No. Q. Okay. How long have you been employed by Wexford? A. Since 1995, with the exception of about three years. Q. Okay. Have you ever had a separate medical practice? A. Yes. Q. Okay. When did that end? A. 1993 abouts. Q. Okay. Just so I understand the hierarchy a little bit. Right now, when you supervise medical directors, are you supervising site medical directors, i.e., the prior position that you had? A. Correct. That's correct. Q. Are you involved with hiring at all? A. Yes.

	Page 37		Page 39
10:54 1	A. I interview prospective applicants.	10:57 1	where the physician will work alongside another
10:54 2	That is, either physicians or midlevel providers.	10:57 2	physician, and then there's ongoing training that
10:54 3	Q. And you	10:57 3	occurs as the need arises.
10:54 4	A. Sorry. Just to clarify. Just for my	10:57 4	Q. How frequent is the ongoing training?
10:54 5	region, not for the entire state.	10:57 5	A. As the need arises, so like excuse
10:54 6	Q. When you say "your region" but "not the	10:57 6	me. Let me just get this.
10:54 7	entire state," which part of the state is your	10:57 7	(WHEREUPON, there was a short
10:54 8	region?	10:57 8	interruption.)
10:54 9	A. The northern part. The state is divided	10:57 9	BY THE WITNESS:
10:54 10	into three for the regional medical director	10:57 10	A. I'm sorry. I said, As the need arises.
10:55 11	districts, so there's a northern, a central, and a	10:57 11	BY MS. REED:
10:55 12	southern. I'm the northern.	10:57 12	Q. Okay. So in your experience, how
10:55 13	Q. So you are involved with interviewing	10:57 13	typically does the need arise? Is it once a year,
10:55 14	physicians that work at the sites; is that	10:58 14	more than that?
10:55 15	accurate?	10:58 15	A. So it may be daily in some cases, but
10:55 16	A. Yes.	10:58 16	then it may be several months. It depends on the
10:55 17	Q. Okay. Is there a formal criteria or	10:58 17	time the person was hired. It could be more
10:55 18	list that a physician has to meet in order to be	10:58 18	frequent or more it would be more relevant to
10:55 19	employed at one of the sites?	10:58 19	occur shortly after the person was hired, and then
10:55 20	A. There are requirements, yes.	10:58 20	if somebody has worked for several years, in some
10:55 21	Q. Okay. Are those requirements set forth	10:58 21	cases we have had physicians that have worked for
10:55 22	in any document?	10:58 22	over 30 years, there would be less interaction in
10:55 23	A. Yes.	10:58 23	that instance. But whenever there was a change of
10:55 24	Q. What document is that?	10:58 24	policy, there would be some discussion of that.
	Page 38		Page 40
10:55 1	A. Well, in several documents, one of which	10:58 1	Q. Okay. Are the physicians reviewed on a
10:55 2	would be the job description would define what	10:58 2	regular basis?
10:55 2 10:56 3	would be the job description would define what services are what credentials are necessary.		- ,
		10:58 2	regular basis?
10:56 3	services are what credentials are necessary.	10:58 2 10:58 3	regular basis? A. Yes.
10:56 3 10:56 4	services are what credentials are necessary. It's also defined in the contract of what	10:58 2 10:58 3 10:58 4	regular basis? A. Yes. Q. Are you involved with the review of
10:56 3 10:56 4 10:56 5	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position.	10:58 2 10:58 3 10:58 4 10:58 5	regular basis? A. Yes. Q. Are you involved with the review of their performance?
10:56 3 10:56 4 10:56 5 10:56 6	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract,"	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes.
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail?
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections?	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9 10:56 10	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections? A. The contract that we have with the	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9 10:59 10	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their functioning in their role, in their position. That
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9 10:56 10 10:56 11	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections? A. The contract that we have with the Department of Corrections and Health and Family	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9 10:59 10 10:59 11	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their functioning in their role, in their position. That occurs on an ongoing basis.
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10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9 10:56 10 10:56 11 10:56 12 10:56 13 10:56 14 10:56 15 10:56 16 10:56 17 10:56 18	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections? A. The contract that we have with the Department of Corrections and Health and Family Services. Q. Okay. Once the physicians and other employees are hired, are you involved with training in your current role? A. Yes. Q. And what are your responsibilities related to training?	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9 10:59 10 10:59 11 10:59 12 10:59 13 10:59 14 10:59 15 10:59 16 10:59 17 10:59 18	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their functioning in their role, in their position. That occurs on an ongoing basis. Q. Do the physicians ever receive written feedback on their performance? A. Yes. Q. How often do they receive written feedback? A. As called for. If there is a corrective action that is necessary, they would certainly
10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9 10:56 10 10:56 11 10:56 12 10:56 13 10:56 14 10:56 15 10:56 16 10:56 17 10:56 18 10:56 19	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections? A. The contract that we have with the Department of Corrections and Health and Family Services. Q. Okay. Once the physicians and other employees are hired, are you involved with training in your current role? A. Yes. Q. And what are your responsibilities related to training? A. Orientation of the physician or	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9 10:59 10 10:59 11 10:59 12 10:59 13 10:59 14 10:59 15 10:59 16 10:59 17 10:59 18 10:59 19	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their functioning in their role, in their position. That occurs on an ongoing basis. Q. Do the physicians ever receive written feedback on their performance? A. Yes. Q. How often do they receive written feedback? A. As called for. If there is a corrective action that is necessary, they would certainly receive correspondence, or in some cases if it's a
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10:56 3 10:56 4 10:56 5 10:56 6 10:56 7 10:56 8 10:56 9 10:56 10 10:56 11 10:56 12 10:56 13 10:56 14 10:56 15 10:56 16 10:56 17 10:56 18 10:56 19 10:56 20 10:57 21 10:57 22	services are what credentials are necessary. It's also defined in the contract of what credentials are necessary for each position. Q. Now, when you refer to "the contract," is that the contract with that specific physician or the contract that you have with the Department of Corrections? A. The contract that we have with the Department of Corrections and Health and Family Services. Q. Okay. Once the physicians and other employees are hired, are you involved with training in your current role? A. Yes. Q. And what are your responsibilities related to training? A. Orientation of the physician or sometimes midlevel provider, depending on the individual circumstance. Q. Other than the orientation, is there any	10:58 2 10:58 3 10:58 4 10:58 5 10:58 6 10:59 7 10:59 8 10:59 9 10:59 10 10:59 11 10:59 12 10:59 13 10:59 14 10:59 15 10:59 16 10:59 17 10:59 18 10:59 19 10:59 20 10:59 21	regular basis? A. Yes. Q. Are you involved with the review of their performance? A. Of the physicians that I supervise, yes. Q. And what does that entail? A. Reviewing their performance as it relates to their decisions that they make and their functioning in their role, in their position. That occurs on an ongoing basis. Q. Do the physicians ever receive written feedback on their performance? A. Yes. Q. How often do they receive written feedback? A. As called for. If there is a corrective action that is necessary, they would certainly receive correspondence, or in some cases if it's a positive review, positive finding after review, they may receive that or it may be done verbally. Generally, it's done verbally, but it may occur in

	Page 41		Page 43
11:00 1	place.	11:02 1	can think of that is always going to be escalated
11:00 2	Q. Okay. So is it fair to say the	11:03 2	to you for review?
11:00 3	physicians that you supervise are reviewed on an	11:03 3	A. Not any specific matter, but anything of
11:00 4	annual basis and then as needed aside from that?	11:03 4	significance would be escalated to me. I mean, if
11:00 5	A. I would say the review occurs on an	11:03 5	there was a anything of significance. I can't
11:00 6	ongoing basis as they make decisions and I critique	11:03 6	think of a specific matter. I mean, there are
11:00 7	their decision-making process and their performance	11:03 7	certain diseases, like meningitis, for example,
11:00 8	in their position, whenever I have interaction of	11:03 8	it's an uncommon serious disease. That would
11:00 9	that.	11:03 9	certainly be brought to my attention.
11:00 10	In addition, there's a review that	11:03 10	There are many other very significant,
11:00 11	occurs, an annual review that occurs, that I may	11:03 11	very rare illnesses that certainly would come to my
11:00 12	participate in, but the review is on an ongoing	11:03 12	attention, but I can't yeah, I can't really list
11:00 13	basis. It would not be reasonable to have a	11:03 13	all of them.
11:00 14	deficiency unaddressed and reviewed at the end of	11:03 14	Q. Can you list a few of them, just so I
11:01 15	the year. It has to be done at the time so that	11:04 15	get an idea of the types?
11:01 16	the review can be can be appropriate and any	11:04 16	A. Well, meningitis. There is a syndrome
11:01 17	response could be done in a timely manner.	11:04 17	called neuroleptic malignant syndrome. An illness
11:01 18	Q. Let me dig into that a little bit. So	11:04 18	that was unexpected and resulted in death. Serious
11:01 19	I'm trying to figure out, like, do you review every	11:04 19	infections, like Ebola type of infections. There's
11:01 20	decision they make, or is it just like there's a	11:04 20	a disease called necrotizing fasciitis, which is a
11:01 21	certain level of decision that triggers your	11:04 21	very serious illness. That would be brought to my
11:01 22	review? I'm just trying to get	11:04 22	attention. So those are the illnesses that would
11:01 23	A. No, only those that I'm involved in. So	11:04 23	be brought to my attention, but other matters
11:01 24	I have nine facilities, there are nine medical	11:04 24	relating to the employee would be brought to my
	Page 42		- 44
	1490 12		Page 44
11:01 1	directors. They are making decisions continually.	11:04 1	attention. Illness or, you know, death or
11:01 1 11:01 2		11:04 1 11:04 2	
	directors. They are making decisions continually.		attention. Illness or, you know, death or
11:01 2	directors. They are making decisions continually. I obviously can't review all of those decisions.	11:04 2	attention. Illness or, you know, death or something like that has actually occurred with one
11:01 2 11:01 3	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right.	11:04 2 11:04 3	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously
11:01 2 11:01 3 11:01 4	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right. A. So it would only be those that came to	11:04 2 11:04 3 11:04 4	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously would be brought to my attention.
11:01 2 11:01 3 11:01 4 11:01 5	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right. A. So it would only be those that came to my attention that I had involvement with.	11:04 2 11:04 3 11:04 4 11:04 5	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously would be brought to my attention. Q. So if a physician asked for an outside
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11:01 2 11:01 3 11:01 4 11:01 5 11:01 6 11:01 7	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right. A. So it would only be those that came to my attention that I had involvement with. Q. Okay. And I just want to clarify, so you review the site medical directors as well as	11:04 2 11:04 3 11:04 4 11:04 5 11:05 6 11:05 7	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously would be brought to my attention. Q. So if a physician asked for an outside referral, which triggered the collegial review, would that be brought to your attention?
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11:01 2 11:01 3 11:01 4 11:01 5 11:01 6 11:01 7 11:02 8 11:02 9 11:02 10 11:02 11 11:02 12 11:02 13 11:02 14 11:02 15 11:02 16 11:02 17 11:02 18	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right. A. So it would only be those that came to my attention that I had involvement with. Q. Okay. And I just want to clarify, so you review the site medical directors as well as the physicians that work under those directors? A. I review specific aspects of their work for both the — for the medical staff. That includes site medical directors and physicians. Some facilities don't have a physician in addition to a medical director, a few of them actually only do, but that would apply. The direct supervisor of the physician would be the medical director, so they would actually be the supervisor that is responsible for the oversight of that person's performance. But I	11:04 2 11:04 3 11:04 4 11:04 5 11:05 6 11:05 7 11:05 8 11:05 9 11:05 10 11:05 11 11:05 12 11:05 13 11:05 14 11:05 15 11:05 16 11:05 17 11:05 18	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously would be brought to my attention. Q. So if a physician asked for an outside referral, which triggered the collegial review, would that be brought to your attention? A. No. Q. Okay. A. Not in the current or in the recent. Obviously, it did when I was performing that function, and then when I took the position of regional medical director, one of our duties was to be the utilization management physician, do the collegial review for our facilities. That went on for about four or five years, as I remember, so that would have been 2005 to 2009 or '10. Then it was assigned to another
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11:01 2 11:01 3 11:01 4 11:01 5 11:01 6 11:01 7 11:02 8 11:02 9 11:02 10 11:02 11 11:02 12 11:02 13 11:02 14 11:02 15 11:02 16 11:02 17 11:02 18 11:02 19 11:02 20 11:02 21	directors. They are making decisions continually. I obviously can't review all of those decisions. Q. Right. A. So it would only be those that came to my attention that I had involvement with. Q. Okay. And I just want to clarify, so you review the site medical directors as well as the physicians that work under those directors? A. I review specific aspects of their work for both the for the medical staff. That includes site medical directors and physicians. Some facilities don't have a physician in addition to a medical director, a few of them actually only do, but that would apply. The direct supervisor of the physician would be the medical director, so they would actually be the supervisor that is responsible for the oversight of that person's performance. But I would also I'm an indirect supervisor of that individual as well, and if something came to my attention, I would review that event and the performance and the response of that person in that	11:04 2 11:04 3 11:04 4 11:04 5 11:05 6 11:05 7 11:05 8 11:05 10 11:05 11 11:05 12 11:05 13 11:05 14 11:05 15 11:05 16 11:05 17 11:05 18 11:05 19 11:05 20 11:06 21 11:06 22	attention. Illness or, you know, death or something like that has actually occurred with one of the plaintiffs here. Things like that obviously would be brought to my attention. Q. So if a physician asked for an outside referral, which triggered the collegial review, would that be brought to your attention? A. No. Q. Okay. A. Not in the current or in the recent. Obviously, it did when I was performing that function, and then when I took the position of regional medical director, one of our duties was to be the utilization management physician, do the collegial review for our facilities. That went on for about four or five years, as I remember, so that would have been 2005 to 2009 or '10. Then it was assigned to another physician in the corporate office. It was removed from our responsibilities. Q. You mentioned that you had a separate practice up until about 1993; is that correct?

	Page 45		Page 47
11:06 1	Q. Oh, you had a practice?	11:09 1	A. There were some meetings that I would
11:06 2	A. I did not have one in addition to	11:09 2	attend, but few. Mostly it was on an as-needed
11:06 3	working for Wexford, I think is what you asked, but	11:09 3	basis.
11:06 4	I had my own medical practice, yes.	11:09 4	Q. Okay. Are you familiar with the
11:06 5	Q. And did you have a specialty?	11:10 5	Stateville Correctional Center?
11:06 6	A. Yes.	11:10 6	A. Yes.
11:06 7	Q. What was your specialty?	11:10 7	Q. And have you been onsite at that
11:06 8	A. Internal medicine.	11:10 8	correctional center?
11:06 9	Q. How long did you have that practice?	11:10 9	A. Yes.
11:06 10	A. About eight years.	11:10 10	Q. Has that always been one of the
11:06 11	Q. Could you just generally recite your	11:10 11	facilities in your region?
11:07 12	education, your degrees that you have?	11:10 12	A. Yes.
11:07 13	A. M.D. degree, University of Illinois, and	11:10 13	Q. And by "always," I mean since you became
11:07 14	then after that, I did an internship and residency	11:10 14	the regional director.
11:07 15	in internal medicine, so my degree is M.D.	11:10 15	A. Correct.
11:07 16	Q. Okay. And what year did you attain your	11:10 16	Q. Okay. Now, of the physicians that work
11:07 17	M.D.?	11:10 17	for the site medical directors, are physicians
11:07 18	A. '82, 1982.	11:10 18	assigned to a particular facility or do they tend
11:07 19	Q. Okay. And have you received or obtained	11:10 19	to rotate?
11:07 20	any other certifications related to your practice?	11:10 20	A. Generally, yes, they have a primary
11:07 21	A. Yes.	11:10 21	position. In some cases there is a sharing, and
11:07 22	Q. What certifications?	11:10 22	that would be limited in my region to Stateville
11:07 23	A. CCHP and board certification in internal	11:11 23	and its neighboring facility, Stateville NRC. They
11:08 24	medicine.	11:11 24	are immediately adjacent, and they do share
	Page 46		Page 48
11:08 1	Page 46 Q. What does CCHP stand for?	11:11 1	Page 48 providers because of the unique demands of those
11:08 1 11:08 2		11:11 1 11:11 2	
	Q. What does CCHP stand for?		providers because of the unique demands of those
11:08 2	Q. What does CCHP stand for?A. Certified correctional health care	11:11 2	providers because of the unique demands of those facilities.
11:08 2 11:08 3	Q. What does CCHP stand for?A. Certified correctional health care provider.	11:11 2 11:11 3	providers because of the unique demands of those facilities. Q. Okay. So have you observed physicians
11:08 2 11:08 3 11:08 4	Q. What does CCHP stand for?A. Certified correctional health care provider.Q. When did you receive that certification?	11:11 2 11:11 3 11:11 4	providers because of the unique demands of those facilities. Q. Okay. So have you observed physicians meeting with patients at your facilities?
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11:08 2 11:08 3 11:08 4 11:08 5 11:08 6 11:08 7 11:08 8 11:08 9 11:08 10 11:08 11 11:08 12 11:08 13 11:08 14 11:08 15 11:08 16 11:08 17 11:09 18	 Q. What does CCHP stand for? A. Certified correctional health care provider. Q. When did you receive that certification? A. I don't recall the year. It would have been in the '90s, sometime in the late '90s, mid-'90s. Q. Is that certification still active? A. Yes. Q. Okay. Do you have to participate in any continuing education to keep that certification active? A. Yes. Q. Okay. In your position as a regional medical director, how often are you onsite at a facility? A. It varies. It's been different since the advent of COVID, where we have gone mostly to remote contact. So prior to COVID, most days. I 	11:11 2 11:11 3 11:11 4 11:11 5 11:11 6 11:12 7 11:12 8 11:12 9 11:12 10 11:12 11 11:12 12 11:12 13 11:12 14 11:12 15 11:12 16 11:12 17 11:12 18 11:13 19	providers because of the unique demands of those facilities. Q. Okay. So have you observed physicians meeting with patients at your facilities? A. Yes. Q. And can you describe for me the procedures that they follow when meeting with the patient? A. Yes. They would introduce themselves. They would have the patient seated. And then they would conduct an interview while the chart was present and determine the reason for the visit, and then ask appropriate questions, give the patient an opportunity to respond and to voice their concerns, their medical concerns. Then they would conduct an examination and come to a decision for a plan of care, based upon their findings. That would be documented in the progress note of the chart. The patient would be advised as to what the physician's thought process was and what course of action was being
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11:08 2 11:08 3 11:08 4 11:08 5 11:08 6 11:08 7 11:08 8 11:08 9 11:08 10 11:08 11 11:08 12 11:08 13 11:08 14 11:08 15 11:08 16 11:08 17 11:09 18 11:09 19 11:09 20 11:09 21 11:09 22	 Q. What does CCHP stand for? A. Certified correctional health care provider. Q. When did you receive that certification? A. I don't recall the year. It would have been in the '90s, sometime in the late '90s, mid-'90s. Q. Is that certification still active? A. Yes. Q. Okay. Do you have to participate in any continuing education to keep that certification active? A. Yes. Q. Okay. In your position as a regional medical director, how often are you onsite at a facility? A. It varies. It's been different since the advent of COVID, where we have gone mostly to remote contact. So prior to COVID, most days. I would say four out of five days I would be at a site, three to four out of the week. Now, about once a week. 	11:11 2 11:11 3 11:11 4 11:11 5 11:11 6 11:12 7 11:12 8 11:12 9 11:12 10 11:12 11 11:12 12 11:12 13 11:12 14 11:12 15 11:12 16 11:12 17 11:12 18 11:13 19 11:13 20 11:13 21 11:13 22	providers because of the unique demands of those facilities. Q. Okay. So have you observed physicians meeting with patients at your facilities? A. Yes. Q. And can you describe for me the procedures that they follow when meeting with the patient? A. Yes. They would introduce themselves. They would have the patient seated. And then they would conduct an interview while the chart was present and determine the reason for the visit, and then ask appropriate questions, give the patient an opportunity to respond and to voice their concerns, their medical concerns. Then they would conduct an examination and come to a decision for a plan of care, based upon their findings. That would be documented in the progress note of the chart. The patient would be advised as to what the physician's thought process was and what course of action was being undertaken, and if medications were prescribed,

	Page 49		Page 51
11:13 1	receive the medication. And then subsequent care	11:16 1	general health, their allergy history, other
11:13 2	that would be provided, whether that was X-rays or	11:16 2	medical conditions that might impact on the
11:13 3	blood tests or follow-up visits or a referral to	11:16 3	treatment that might be necessary, such as surgery,
11:13 4	somebody. So that is a rough overview of what	11:16 4	things like that, but you would not go over their
11:13 5	occurs.	11:16 5	entire medical history for something like that.
11:13 6	Q. Now, you mentioned they would conduct an	11:16 6	Q. And if a patient presented with pain in
11:13 7	interview of the patient and they had the chart	11:16 7	various areas of their body, would that be
11:13 8	with them during that interview; is that correct?	11:16 8	something that would require a review of the
11:13 9	A. Yes.	11:16 9	medical records?
11:13 10	Q. Okay. And was it standard practice for	11:16 10	MR. LOMBARDO: I'm going to object to form,
11:14 11	the physicians to review the patient's prior	11:16 11	incomplete hypothetical. You can answer to the
11:14 12	medical records or charts before seeing them?	11:16 12	best of your ability, Doctor.
11:14 13	A. As applicable to that visit. So that	11:16 13	BY THE WITNESS:
11:14 14	may entail a review of that volume or sometimes	11:16 14	A. Yes. Generally, if a patient had that
11:14 15	there's more volumes, or it may not. It depends on	11:16 15	complaint, it would depend on a number of factors,
11:14 16	the complaint.	11:16 16	the specifics of when the am I being heard
11:14 17	Q. Okay. So there were some complaints	11:17 17	because I'm not being shown. Can you hear me?
11:14 18	that would not require review of the prior medical	11:17 18	BY MS. REED:
11:14 19	records?	11:17 19	Q. I can hear you, yes.
11:14 20	A. Some complaints and some situations.	11:17 20	A. Oh, okay. It would depend on the
11:14 21	For example, a physician that had regularly seen a	11:17 21	specifics of it, but, in general, yes, it would
11:14 22	patient would have knowledge of that patient's past	11:17 22	require it should require a review of the record
11:14 23	record and findings and wouldn't need to or they	11:17 23	as it pertains to that symptom and to look for
11:14 24	may just scan it to refresh their memory or review	11:17 24	other visits that may have been similar.
	Page 50		Page 52
11:14 1	Page 50 their notes. But there are some conditions that	11:17 1	Page 52
11:14 1 11:14 2	their notes. But there are some conditions that	11:17 1 11:17 2	Q. Let's talk about the standards of care
	their notes. But there are some conditions that where a review of the record would be very limited.		Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior
11:14 2	their notes. But there are some conditions that where a review of the record would be very limited. So I would I'll correct myself. It's not that	11:17 2	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have
11:14 2 11:15 3	their notes. But there are some conditions that where a review of the record would be very limited. So I would I'll correct myself. It's not that they wouldn't need to review it at all, but they	11:17 2 11:17 3	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis?
11:14 2 11:15 3 11:15 4	their notes. But there are some conditions that where a review of the record would be very limited. So I would I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth.	11:17 2 11:17 3 11:18 4 11:18 5	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis?
11:14 2 11:15 3 11:15 4 11:15 5	their notes. But there are some conditions that where a review of the record would be very limited. So I would I'll correct myself. It's not that they wouldn't need to review it at all, but they	11:17 2 11:17 3 11:18 4 11:18 5 11:18 6	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes.
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11:14 2 11:15 3 11:15 4 11:15 5 11:15 6 11:15 7	their notes. But there are some conditions that — where a review of the record would be very limited. So I would — I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth. Q. What types of conditions, for example? A. If a person had a rash that had never occurred before, there would be no need to look	11:17 2 11:17 3 11:18 4 11:18 5 11:18 6 11:18 7 11:18 8	 Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes. A. Yes.
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11:14 2 11:15 3 11:15 4 11:15 5 11:15 6 11:15 7 11:15 8 11:15 9 11:15 10 11:15 11 11:15 12 11:15 13 11:15 14 11:15 15 11:15 16 11:15 17 11:15 18 11:15 18	their notes. But there are some conditions that — where a review of the record would be very limited. So I would — I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth. Q. What types of conditions, for example? A. If a person had a rash that had never occurred before, there would be no need to look through the patient's entire record, but you would look at relevant things, such as their medications, their allergy history, their general medical conditions, if they have something called a problem list. It would just be a review of a limited portion of the record. Q. Okay. A. Or I'll give you another example. If somebody has a fracture, if they are playing basketball and they fracture their ankle, again,	11:17	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes. A. Yes. Q. Okay. Did you ever diagnose somebody with rheumatoid arthritis during your medical practice? A. Yes. Q. How often roughly did you have to deal with patients with rheumatoid arthritis? A. Whenever it applied, whenever a patient had the illness. So whenever I was taking care of a patient and they had it, then I would deal with it. Q. Can you give me an estimate of the
11:14 2 11:15 3 11:15 4 11:15 5 11:15 6 11:15 7 11:15 8 11:15 10 11:15 11 11:15 12 11:15 13 11:15 14 11:15 15 11:15 16 11:15 17 11:15 18 11:15 19 11:15 20	their notes. But there are some conditions that — where a review of the record would be very limited. So I would — I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth. Q. What types of conditions, for example? A. If a person had a rash that had never occurred before, there would be no need to look through the patient's entire record, but you would look at relevant things, such as their medications, their allergy history, their general medical conditions, if they have something called a problem list. It would just be a review of a limited portion of the record. Q. Okay. A. Or I'll give you another example. If somebody has a fracture, if they are playing basketball and they fracture their ankle, again, the review would be limited relevant to that visit. Even if they had another fracture, it's really not	11:17	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes. A. Yes. Q. Okay. Did you ever diagnose somebody with rheumatoid arthritis during your medical practice? A. Yes. Q. How often roughly did you have to deal with patients with rheumatoid arthritis? A. Whenever it applied, whenever a patient had the illness. So whenever I was taking care of a patient and they had it, then I would deal with it. Q. Can you give me an estimate of the percentage of your patients at your private practice that had rheumatoid arthritis? A. It's an uncommon illness. It would
11:14 2 11:15 3 11:15 4 11:15 5 11:15 6 11:15 7 11:15 8 11:15 10 11:15 11 11:15 12 11:15 13 11:15 14 11:15 15 11:15 16 11:15 17 11:15 18 11:15 19 11:15 20 11:16 21	their notes. But there are some conditions that — where a review of the record would be very limited. So I would — I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth. Q. What types of conditions, for example? A. If a person had a rash that had never occurred before, there would be no need to look through the patient's entire record, but you would look at relevant things, such as their medications, their allergy history, their general medical conditions, if they have something called a problem list. It would just be a review of a limited portion of the record. Q. Okay. A. Or I'll give you another example. If somebody has a fracture, if they are playing basketball and they fracture their ankle, again, the review would be limited relevant to that visit. Even if they had another fracture, it's really not relevant to that visit. What is relevant is their	11:17	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes. A. Yes. Q. Okay. Did you ever diagnose somebody with rheumatoid arthritis during your medical practice? A. Yes. Q. How often roughly did you have to deal with patients with rheumatoid arthritis? A. Whenever it applied, whenever a patient had the illness. So whenever I was taking care of a patient and they had it, then I would deal with it. Q. Can you give me an estimate of the percentage of your patients at your private practice that had rheumatoid arthritis? A. It's an uncommon illness. It would affect just a few or 1 percent of the population
11:14 2 11:15 3 11:15 4 11:15 5 11:15 6 11:15 7 11:15 8 11:15 10 11:15 10 11:15 11 11:15 12 11:15 13 11:15 14 11:15 15 11:15 16 11:15 17 11:15 18 11:15 19 11:15 20 11:16 21 11:16 22	their notes. But there are some conditions that — where a review of the record would be very limited. So I would — I'll correct myself. It's not that they wouldn't need to review it at all, but they would not need to review it in depth. Q. What types of conditions, for example? A. If a person had a rash that had never occurred before, there would be no need to look through the patient's entire record, but you would look at relevant things, such as their medications, their allergy history, their general medical conditions, if they have something called a problem list. It would just be a review of a limited portion of the record. Q. Okay. A. Or I'll give you another example. If somebody has a fracture, if they are playing basketball and they fracture their ankle, again, the review would be limited relevant to that visit. Even if they had another fracture, it's really not relevant to that visit. What is relevant is their current fracture, the state of the fracture and the	11:17	Q. Let's talk about the standards of care for rheumatoid arthritis. Now in your prior practice in internal medicine, did you have experience with rheumatoid arthritis? A. Patients with rheumatoid arthritis? Q. Yes. A. Yes. Q. Okay. Did you ever diagnose somebody with rheumatoid arthritis during your medical practice? A. Yes. Q. How often roughly did you have to deal with patients with rheumatoid arthritis? A. Whenever it applied, whenever a patient had the illness. So whenever I was taking care of a patient and they had it, then I would deal with it. Q. Can you give me an estimate of the percentage of your patients at your private practice that had rheumatoid arthritis? A. It's an uncommon illness. It would

	Page 53		Page 55
11:19 1	Q. When you had your private practice and	11:23 1	But all information that is pertinent
11:19 2	you came across a patient or diagnosed a patient	11:23 2	and based upon something coming up that may open
11:19 3	with rheumatoid arthritis, did you have to refer	11:23 3	the door for other information that that would
11:19 4	them to a specialist or did you continue to treat	11:23 4	be accessed or be queried.
11:19 5	them for the rheumatoid arthritis?	11:23 5	Q. Are you aware of particular medications
11:19 6	A. I did not have to, no, and I did	11:23 6	used to treat rheumatoid arthritis?
11:19 7	continue I would continue to treat them.	11:23 7	A. Yes.
11:19 8	Q. During your time at Wexford, did you	11:23 8	Q. Okay. What are the ones that you are
11:20 9	ever work solely as a physician at a site?	11:23 9	aware of?
11:20 10	A. Yes.	11:23 10	A. They primarily are a group of
11:20 11	Q. Okay. What was the time period in which	11:24 11	medications called nonsteroidal antiinflammatory
11:20 12	you did that?	11:24 12	agents. Also, acetaminophen, which is Tylenol.
11:20 13	A. From 1995 to 1998.	11:24 13	Then there's another group of medications that
11:20 14	Q. Based on your review of the literature	11:24 14	serve to depress the immune response of an
11:20 15	on the standards of care for rheumatoid arthritis,	11:24 15	individual. Prednisone, methotrexate, and there is
11:20 16	if someone were diagnosed with rheumatoid	11:24 16	a group of newer diseases, biologic agents, that
11:20 17	arthritis, can you describe the treatment that you	11:24 17	are also utilized and can be utilized in rheumatoid
11:20 18	would recommend?	11:24 18	arthritis.
11:21 19	A. It would depend on the patient-specific	11:24 19	So there are many agents that are
11:21 20	circumstances, their findings as to what treatment	11:24 20	treated in a stepwise fashion. So we start with
11:21 21	would be appropriate. There is no general	11:24 21	medications that have the lower side effect risk
11:21 22	treatment or universal treatment that would be	11:24 22	and profile, and based upon the specific findings
11:21 23	appropriate to apply to all patients.	11:24 23	of the patient that is being treated, it would
11:21 24	Q. What types of information do you need to	11:25 24	dictate and determine which medications would be
	Page 54		Page 56
11:21 1	Page 54 get from the patient to determine the appropriate	11:25 1	Page 56 used.
11:21 1 11:21 2		11:25 1 11:25 2	
	get from the patient to determine the appropriate		used.
11:21 2	get from the patient to determine the appropriate treatment for rheumatoid arthritis?	11:25 2	used. Q. Are there any other treatment options
11:21 2 11:21 3	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings,	11:25 2 11:25 3	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis?
11:21 2 11:21 3 11:21 4	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the	11:25 2 11:25 3 11:25 4	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes.
11:21 2 11:21 3 11:21 4 11:21 5	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness,	11:25 2 11:25 3 11:25 4 11:25 5	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what?
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like
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11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7 11:21 8 11:22 9 11:22 10 11:22 11 11:22 12 11:22 13 11:22 14 11:22 15 11:22 16 11:22 17 11:22 18	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments that have been provided. Family history has some relevance. Comorbid illnesses, that is other illnesses that the person may have that may impact on their illness. Q. Anything else? A. The records. So that would include evaluations that were done by other physicians, their findings at the time. Sometimes family members provide valuable information that augments the patient's history. That is what comes to mind,	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7 11:25 8 11:25 9 11:25 10 11:25 11 11:25 12 11:25 13 11:26 14 11:26 15 11:26 16 11:26 17 11:26 18	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like bracing, splints, crutches or canes that are used in ambulation. Physical therapy is sometimes used in patients, again, individualized to a specific patient. There are also other pain medications, simple pain medication, narcotic medications or narcotic-like medications, such as Tramadol that are sometimes used and, again, limited to specific patients and usually for limited periods of time. Q. So for nonmedication treatments, you listed a few things, such as cortisone, bracing splints, physical therapy. Is there anything else
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7 11:21 8 11:22 9 11:22 10 11:22 11 11:22 12 11:22 13 11:22 14 11:22 15 11:22 16 11:22 17 11:22 18 11:22 19	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments that have been provided. Family history has some relevance. Comorbid illnesses, that is other illnesses that the person may have that may impact on their illness. Q. Anything else? A. The records. So that would include evaluations that were done by other physicians, their findings at the time. Sometimes family members provide valuable information that augments the patient's history. That is what comes to mind, but what you are interested in is all information	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7 11:25 8 11:25 9 11:25 10 11:25 11 11:25 12 11:25 13 11:26 14 11:26 15 11:26 16 11:26 17 11:26 18 11:26 19	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like bracing, splints, crutches or canes that are used in ambulation. Physical therapy is sometimes used in patients, again, individualized to a specific patient. There are also other pain medications, simple pain medication, narcotic medications or narcotic-like medications, such as Tramadol that are sometimes used and, again, limited to specific patients and usually for limited periods of time. Q. So for nonmedication treatments, you listed a few things, such as cortisone, bracing splints, physical therapy. Is there anything else that you can think of that you have not talked
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7 11:21 8 11:22 9 11:22 10 11:22 11 11:22 12 11:22 13 11:22 14 11:22 15 11:22 16 11:22 17 11:22 18 11:22 19 11:22 20	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments that have been provided. Family history has some relevance. Comorbid illnesses, that is other illnesses that the person may have that may impact on their illness. Q. Anything else? A. The records. So that would include evaluations that were done by other physicians, their findings at the time. Sometimes family members provide valuable information that augments the patient's history. That is what comes to mind, but what you are interested in is all information that is relevant to that specific patient, and that	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7 11:25 8 11:25 9 11:25 10 11:25 11 11:25 12 11:25 13 11:26 14 11:26 15 11:26 16 11:26 17 11:26 18 11:26 19 11:26 20	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like bracing, splints, crutches or canes that are used in ambulation. Physical therapy is sometimes used in patients, again, individualized to a specific patient. There are also other pain medications, simple pain medication, narcotic medications or narcotic-like medications, such as Tramadol that are sometimes used and, again, limited to specific patients and usually for limited periods of time. Q. So for nonmedication treatments, you listed a few things, such as cortisone, bracing splints, physical therapy. Is there anything else that you can think of that you have not talked about?
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7 11:21 8 11:22 9 11:22 10 11:22 11 11:22 12 11:22 13 11:22 14 11:22 15 11:22 16 11:22 17 11:22 18 11:22 19 11:22 20 11:22 21	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments that have been provided. Family history has some relevance. Comorbid illnesses, that is other illnesses that the person may have that may impact on their illness. Q. Anything else? A. The records. So that would include evaluations that were done by other physicians, their findings at the time. Sometimes family members provide valuable information that augments the patient's history. That is what comes to mind, but what you are interested in is all information that is relevant to that specific patient, and that varies significantly. Some patients, because of a	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7 11:25 8 11:25 9 11:25 10 11:25 11 11:25 12 11:25 13 11:26 14 11:26 15 11:26 16 11:26 17 11:26 18 11:26 19 11:26 20 11:26 21	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like bracing, splints, crutches or canes that are used in ambulation. Physical therapy is sometimes used in patients, again, individualized to a specific patient. There are also other pain medications, simple pain medication, narcotic medications or narcotic-like medications, such as Tramadol that are sometimes used and, again, limited to specific patients and usually for limited periods of time. Q. So for nonmedication treatments, you listed a few things, such as cortisone, bracing splints, physical therapy. Is there anything else that you can think of that you have not talked about? A. Surgery might be used in cases where
11:21 2 11:21 3 11:21 4 11:21 5 11:21 6 11:21 7 11:21 8 11:22 9 11:22 10 11:22 11 11:22 12 11:22 13 11:22 14 11:22 15 11:22 16 11:22 17 11:22 18 11:22 19 11:22 20 11:22 21 11:23 22	get from the patient to determine the appropriate treatment for rheumatoid arthritis? A. Their history, their clinical findings, their laboratory findings, X-ray findings, the course of their illness, duration of their illness, response to any treatments that have been provided and adverse reactions perhaps to any treatments that have been provided. Family history has some relevance. Comorbid illnesses, that is other illnesses that the person may have that may impact on their illness. Q. Anything else? A. The records. So that would include evaluations that were done by other physicians, their findings at the time. Sometimes family members provide valuable information that augments the patient's history. That is what comes to mind, but what you are interested in is all information that is relevant to that specific patient, and that varies significantly. Some patients, because of a stroke, are not able to speak, for example, so the	11:25 2 11:25 3 11:25 4 11:25 5 11:25 6 11:25 7 11:25 8 11:25 9 11:25 10 11:25 11 11:25 12 11:25 13 11:26 14 11:26 15 11:26 16 11:26 17 11:26 18 11:26 19 11:26 20 11:26 21	used. Q. Are there any other treatment options besides medication for rheumatoid arthritis? A. Yes. Q. Like what? A. Affected joints can be injected with cortisone. Other modalities are things like bracing, splints, crutches or canes that are used in ambulation. Physical therapy is sometimes used in patients, again, individualized to a specific patient. There are also other pain medications, simple pain medication, narcotic medications or narcotic-like medications, such as Tramadol that are sometimes used and, again, limited to specific patients and usually for limited periods of time. Q. So for nonmedication treatments, you listed a few things, such as cortisone, bracing splints, physical therapy. Is there anything else that you can think of that you have not talked about? A. Surgery might be used in cases wherepatients who have limited those extreme

	Page 57		Page 59
11:26 1	arthritis. You know, those would be the those	11:29 1	have known rheumatoid arthritis.
11:26 2	would be the modalities that are used.	11:30 2	Q. You mentioned that a healthy patient
11:26 3	Q. Are you familiar with the Rh factor?	11:30 3	could have an elevated Rh factor. Do you know what
11:27 4	A. I'm familiar with an Rh factor, yes.	11:30 4	the percentage of healthy patients who have an
11:27 5	Q. Okay. In your experience, in your	11:30 5	elevated Rh or rheumatoid factors is?
11:27 6	review of the literature, how is an Rh factor used	11:30 6	A. I don't believe that statistic is known
11:27 7	in coming to a diagnosis of rheumatoid arthritis?	11:30 7	because people would not test that. It's not
11:27 8	A. So, first of all, Rh factor refers to a	11:30 8	indicated to test for people who are healthy, but
11:27 9	blood antibody. That is the blood type is the	11:30 9	it is occasionally done, sometimes by mistake. And
11:27 10	Rh. It's also used it's actually RA for	11:30 10	then one looks at it and determines, finds out on
11:27 11	rheumatoid arthritis, but it is sometimes stated as	11:30 11	asking the person, that they don't have any joint
11:27 12	Rh. The question that you are asking is about the	11:30 12	problems whatsoever, and nevertheless have a
11:27 13	rheumatoid factor, just to be clear. So rheumatoid	11:30 13	positive number. I don't think that statistic is
11:27 14	factor is your question, I'm sorry, is what?	11:30 14	known or could be known because, again, it would be
11:27 15	You were asking about what?	11:30 15	inappropriate to do that testing.
11:27 16	Q. Yes. I can ask a better question this	11:30 16	Q. Sure. In your experience, what types of
11:27 17	time. How do you use the rheumatoid factor in	11:30 17	symptoms would cause you to test someone's
11:28 18	determining a diagnosis of rheumatoid arthritis?	11:30 18	rheumatoid factor?
11:28 19	A. It's one of the parameters that is	11:31 19	A. Specific joint complaints that are
11:28 20	looked at in determining what a patient's condition	11:31 20	characteristically seen in rheumatoid arthritis.
11:28 21	might be. So if a patient has symptoms that might	11:31 21	Q. Anything else?
11:28 22	be caused by rheumatoid arthritis or a related	11:31 22	A. Well, the joints involve the specifics
11:28 23	disease, that is a blood test that a clinician	11:31 23	of that. That is, the time of the day, the
11:28 24	would order and then interpret in the setting of	11:31 24	symptoms that they have, including things like
	Page 58		Page 60
11:28 1	Page 58 that patient.	11:31 1	Page 60 redness, inflammation, changes in the appearance of
11:28 1 11:28 2		11:31 1 11:31 2	
	that patient.		redness, inflammation, changes in the appearance of
11:28 2	that patient. Q. So aside from rheumatoid arthritis, when	11:31 2	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a
11:28 2 11:28 3	that patient. Q. So aside from rheumatoid arthritis, when might what other types of diseases would the	11:31 2 11:31 3	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a characteristic thing that happens to the joints and
11:28 2 11:28 3 11:28 4	that patient. Q. So aside from rheumatoid arthritis, when might what other types of diseases would the rheumatoid factor indicate?	11:31 2 11:31 3 11:31 4	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a characteristic thing that happens to the joints and that the fingers will deviate outwards or ulnar
11:28 2 11:28 3 11:28 4 11:28 5	that patient. Q. So aside from rheumatoid arthritis, when might what other types of diseases would the rheumatoid factor indicate? A. The elevated, you mean?	11:31 2 11:31 3 11:31 4 11:31 5	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a characteristic thing that happens to the joints and that the fingers will deviate outwards or ulnar deviation. Clinical findings consistent with
11:28 2 11:28 3 11:28 4 11:28 5 11:28 6	that patient. Q. So aside from rheumatoid arthritis, when might what other types of diseases would the rheumatoid factor indicate? A. The elevated, you mean? Q. Yes, if it's elevated.	11:31 2 11:31 3 11:31 4 11:31 5 11:31 6	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a characteristic thing that happens to the joints and that the fingers will deviate outwards or ulnar deviation. Clinical findings consistent with rheumatoid arthritis, such as rheumatoid nodules,
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11:28 2 11:28 3 11:28 4 11:28 5 11:28 6 11:28 7 11:28 8 11:28 9 11:28 10 11:29 11 11:29 12 11:29 13 11:29 14 11:29 15 11:29 16 11:29 17 11:29 18 11:29 19 11:29 20	that patient. Q. So aside from rheumatoid arthritis, when might — what other types of diseases would the rheumatoid factor indicate? A. The elevated, you mean? Q. Yes, if it's elevated. A. About 100 other diseases. Q. Are those other diseases related to rheumatoid arthritis, in your experience? A. No. Most of them are not. Q. Can you give me an example of some of these other diseases? A. Malignancies. So any cancer may give a positive rheumatoid factor. Many inflammatory illnesses, endocarditis is a characteristic disease which will give a positive rheumatoid factor. But any severe infection may give a positive rheumatoid factor. And, again, hundreds of infections, and there's hundreds of malignancies and any of those could do that.	11:31 2 11:31 3 11:31 4 11:31 5 11:31 6 11:31 7 11:32 8 11:32 9 11:32 10 11:32 11 11:32 12 11:32 13 11:32 14 11:32 15 11:32 16 11:32 17 11:32 18 11:32 19 11:32 20	redness, inflammation, changes in the appearance of their joints, specifically their hands. There's a characteristic thing that happens to the joints and that the fingers will deviate outwards or ulnar deviation. Clinical findings consistent with rheumatoid arthritis, such as rheumatoid nodules, associated illnesses that may occur that are seen in rheumatoid arthritis. Laboratory somebody who may have laboratory findings. Did you ask about symptoms only or things in general that would provoke you to test for that? Q. My question was just about symptoms, but you can expand it to general. A. So the first things that I mentioned would be the main thing would be the patient's complaints of joint pain, specifically the joints involved, the stiffness accompanying the pain. Those symptoms would prompt me to consider rheumatoid arthritis as a cause of the person's
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	Page 61		Page 63
11:32 1	had rheumatoid arthritis?	11:35 1	that is outside of the prison? For example, if an
11:32 2	A. Well, if a patient has an elevated	11:35 2	inmate comes in and talks about his prior treatment
11:33 3	rheumatoid factor, that would be part of the	11:36 3	before incarceration.
11:33 4	evaluation of that patient, along with all of the	11:36 4	Do the physicians have access are
11:33 5	other things that would be necessary in determining	11:36 5	they able to go out and get those records from the
11:33 6	the relevance of that finding, beginning with the	11:36 6	physicians outside of the prison?
11:33 7	patient's history, starting when the patient's	11:36 7	A. They are not able to get them. They can
11:33 8	symptoms started, the specifics of their symptoms.	11:36 8	request them. The patient's consent is required,
11:33 9	Again, not just joint pain.	11:36 9	and then he obviously has to have the information
11:33 10	It varies according to what the cause	11:36 10	as to where that care was provided. That often is
11:33 11	is, whether it's pain in their knees or in their	11:36 11	missing. They don't remember the doctor's name or
11:33 12	hands or where, whether it's one side or both	11:36 12	location, so there's no way of accessing it without
11:33 13	sides. All of those things make a difference, what	11:36 13	that information.
11:33 14	is associated with it, whether they have stiffness,	11:36 14	But if they have that information, then
11:33 15	whether they have swelling of the joints.	11:36 15	a request for medical information can be sent, and
11:33 16	Radiographic findings, and that would be dependent	11:36 16	if the records are available and the provider
11:33 17	on the course of their illness. Like somebody who	11:36 17	provides them, they can be sent.
11:33 18	had symptoms early would unlikely have radiographic	11:36 18	Q. Okay. When you worked as a physician
11:34 19	findings, but somebody that had longstanding would	11:36 19	between '95 and '98, do you have a recollection of
11:34 20	necessarily virtually necessarily have to have	11:36 20	ever going out to get records on a patient that
11:34 21	radiographic findings. Other blood testing, signs	11:37 21	were outside of the facility?
11:34 22	that are commonly associated with rheumatoid	11:37 22	A. Yes, certainly.
11:34 23	arthritis, but also may indicate other illnesses.	11:37 23	Q. About how often did that occur when you
11:34 24	For example, if a person, like I	11:37 24	were a physician for Wexford?
	Page 62		Page 64
11:34 1	mentioned, had a rheumatoid factor and had		
	memorieu, nau a meumatolu factor anu nau	11:37 1	A. Whenever it was relevant for the
11:34 2	endocarditis, that would lead you to believe that	11:37 1 11:37 2	A. Whenever it was relevant for the illness. And most of our patients are well,
	,		
11:34 2	endocarditis, that would lead you to believe that	11:37 2	illness. And most of our patients are well,
11:34 2 11:34 3	endocarditis, that would lead you to believe that that was the cause of the elevated rheumatoid	11:37 2 11:37 3	illness. And most of our patients are well, people in prison are not there because they are
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	Page 65		Page 67
11:38 1	illness that may put somebody as bedridden. So it	11:56 1	A. Yes, if his if he was referenced and
11:38 2	can vary.	11:56 2	I received it, then yes.
11:38 3	In some instances, it can it	11:56 3	Q. Well, let me ask that question again. I
11:38 4	certainly is a serious illness. In other	11:56 4	was saying e-mails between a physician and a site
11:38 5	instances, it's not people have the illness, if	11:56 5	director, so not necessarily the e-mails to you as
11:38 6	they were and are not aware of it. They are	11:56 6	the regional medical director but the physician and
11:38 7	attributing joint pains to something else, so they	11:56 7	the site director. Would those e-mails be
11:38 8	live a relatively normal life, being unaware of	11:56 8	encompassed in your litigation hold search?
11:38 9	their illness. So it varies significantly. I	11:56 9	A. Only if I was included in that. If I
11:38 10	would not say that certainly not that all	11:56 10	was not a part of that communication, then I would
11:38 11	patients with rheumatoid arthritis are that it's	11:56 11	not. If I was included in it, then it would.
11:38 12	a serious illness in all patients.	11:56 12	Q. Okay. Do you have a way to capture the
11:39 13	MS. REED: Okay. I think now is a good time	11:56 13	e-mails that are not included, which reference the
11:39 14	to take a break. Can we go off the record?	11:57 14	inmates?
11:39 15	THE WITNESS: Sure.	11:57 15	A. I personally don't, no.
11:39 16	(WHEREUPON, discussion was had off	11:57 16	Q. But I assume the litigation hold would
11:39 17	the record.)	11:57 17	also go to the site director and the individual
11:54 18	BY MS. REED:	11:57 18	physicians involved with the inmate's treatment; is
11:54 19	Q. Dr. Funk, do you understand that you are	11:57 19	that correct?
11:54 20	still under oath?	11:57 20	A. Yes.
11:54 21	A. Yes.	11:57 21	Q. Okay. And who makes sure that they
11:54 22	Q. Okay. We'll proceed.	11:57 22	preserve their e-mails with regards to the inmate?
11:54 23	When we were talking earlier, you	11:57 23	A. Well, after they are sent to the risk
11:54 24	mentioned that you participate in the litigation	11:57 24	management office, they preserve them. That is
	, , ,		
	Page 66		Page 68
11:54 1	Page 66	11:57 1	Page 68 their responsibility to preserve them.
11:54 1 11:55 2		11:57 1 11:57 2	
	hold process		their responsibility to preserve them.
11:55 2	hold process A. Yes.	11:57 2	their responsibility to preserve them. Q. So if a litigation hold goes out to a
11:55 2 11:55 3	hold process A. Yes. Q for your region?	11:57 2 11:57 3	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with
11:55 2 11:55 3 11:55 4	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in	11:57 2 11:57 3 11:57 4	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians
11:55 2 11:55 3 11:55 4 11:55 5	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes.	11:57 2 11:57 3 11:57 4 11:57 5	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails?
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time?	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee,	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone.
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it.	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they
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11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started?	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No.	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold?	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have they don't have anything to respond with, but they don't would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information.
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director,
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17 11:55 18	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate number, that is the number that is queried, that is	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17 11:58 18	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director, are e-mails widely used to discuss treatment?
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17 11:55 18 11:55 19	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate number, that is the number that is queried, that is used in communication to identify a person, and I	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17 11:58 18 11:58 19	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director, are e-mails widely used to discuss treatment? A. No.
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17 11:55 18 11:55 19 11:55 20	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate number, that is the number that is queried, that is used in communication to identify a person, and I put that number in and then do a search for that.	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17 11:58 18 11:58 19 11:58 20	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director, are e-mails widely used to discuss treatment? A. No. Q. Okay. If a site director or physician
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17 11:55 18 11:55 19 11:55 20 11:56 21	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate number, that is the number that is queried, that is used in communication to identify a person, and I put that number in and then do a search for that. Q. Okay. Now, when you do this search,	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17 11:58 18 11:58 19 11:58 20 11:58 20	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director, are e-mails widely used to discuss treatment? A. No. Q. Okay. If a site director or physician would like your advice on a treatment strategy, how
11:55 2 11:55 3 11:55 4 11:55 5 11:55 6 11:55 7 11:55 8 11:55 9 11:55 10 11:55 11 11:55 12 11:55 13 11:55 14 11:55 15 11:55 16 11:55 17 11:55 18 11:55 19 11:55 20 11:56 21 11:56 22	hold process A. Yes. Q for your region? A. Well, I, as an employee, participate in it, yes. Q. I'm sorry. Can you say that one more time? A. Not just for my region. As an employee, when I am sent a litigation hold, I respond to it. Q. Okay. Now, for the litigation hold for this case, do you recall when that started? A. No. Q. Okay. What types of documents would have been included in the litigation hold? A. Any that pertain specifically to the patient, so any that would appear from the inmate number, the Department of Corrections inmate number, that is the number that is queried, that is used in communication to identify a person, and I put that number in and then do a search for that. Q. Okay. Now, when you do this search, would that include, for example, you know, e-mails	11:57 2 11:57 3 11:57 4 11:57 5 11:58 6 11:58 7 11:58 8 11:58 9 11:58 10 11:58 11 11:58 12 11:58 13 11:58 14 11:58 15 11:58 16 11:58 17 11:58 18 11:58 19 11:58 20 11:59 21	their responsibility to preserve them. Q. So if a litigation hold goes out to a number of physicians who are all involved with treatment of an inmate and one of those physicians does not respond, does risk management follow up with them to get their e-mails? A. No. They are — it would not be assumed that they have e-mails. That is sent to everyone. If they don't respond, it's assuming that they don't have — they don't have anything to respond with, but they don't — would not routinely, unless there was some reason to say, Well, you know, you have not responded because we don't respond with the negative or the fact that there is no information. Q. Okay. In your experience as the regional medical — as a regional medical director, are e-mails widely used to discuss treatment? A. No. Q. Okay. If a site director or physician would like your advice on a treatment strategy, how do they contact you?

	Page 69		Page 71
11:59 1	records in order to provide advice, how do you get	12:02 1	But to answer your question I'm sorry
11:59 2	access to those medical records?	12:02 2	again. What was your question?
11:59 3	A. It would be from the physician relaying	12:02 3	Q. I was asking you if there were any other
11:59 4	them to me as part of the discussion. It would be	12:02 4	types of records that you would expect to see as a
11:59 5	uncommon for me to review data. I would simply	12:02 5	result of a litigation hold?
11:59 6	the conversation would include that information	12:02 6	A. No. Just communications from a provider
11:59 7	that he would relay, so it would be an exchange and	12:02 7	or a site regarding the patient, some concern
11:59 8	I would talk to him and ask him what this showed or	12:02 8	regarding them, some event that had occurred.
11:59 9	that showed. But it's not effective to transmit	12:02 9	Q. In preparation for the deposition, did
11:59 10	that type of that information electronically	12:02 10	you ask risk management for all of their documents
11:59 11	because it's an exchange. I would ask questions	12:02 11	that were being held as a result of the litigation
12:00 12	and he would respond to my questions, and he	12:02 12	hold?
12:00 13	wouldn't know necessarily what my question was to	12:03 13	A. Not specifically, but I asked the
12:00 14	be able to answer it in a written format. It would	12:03 14	counsel for all of the documents relative to this
12:00 15	be cumbersome and not productive.	12:03 15	case, that he provide them to me and that would
12:00 16	Q. I agree. I wish you would tell that to	12:03 16	include that. That has been the practice. I did
12:00 17	some of the partners that I work for.	12:03 17	not specifically voice that, but I have done many
12:00 18	A. I would be happy to.	12:03 18	of these and it is that request that I always make
12:00 19	Q. Now, in responding to the litigation	12:03 19	to the attorneys representing these claims. And
12:00 20	hold for this case, do you recall whether you had	12:03 20	that would include that information certainly.
12:00 21	e-mails with regards to the plaintiff?	12:03 21	Q. Okay. When you reviewed the records in
12:00 22	A. No, I don't recall. I think he first	12:03 22	preparation for this deposition, was there anything
12:00 23	filed it in 2015, and that is when the litigation	12:03 23	that you did not receive that you would have liked
12:00 24	hold would have been done. So it's five years ago.	12:03 24	to have in order to prepare?
			Page 72
12:00 1	I don't remember.	12:03 1	A. The unknown, you mean? I don't know
12:00 2	Q. Okay.	12:03 2	what I didn't receive. I only know what I did
12:00 3	A. Or seven years ago. I'm sorry.	12:03 3	receive. There is nothing that I was expecting to
12:00 4	Q. In preparation for this deposition, did	12:03 4	have received that I did not receive.
12:00 5	you go back and determine whether you had sent any	12:03 5	Q. Okay. I want to switch gears a little
12:00 6	e-mails with regard to this plaintiff?	12:04 6	bit. Have you met the plaintiff, Jovan Daniels?
12:00 7	A. I generally do that. I don't recall if		_
		12:04 7	A. Not that I'm aware of.
12:00 8	I did it for this case. I may have done it, but I	12:04 7	A. Not that I'm aware of.Q. Okay. And I'm just going to ask you
12:00 8 12:01 9	•		
	I did it for this case. I may have done it, but I	12:04 8	Q. Okay. And I'm just going to ask you
12:01 9	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own	12:04 8 12:04 9	Q. Okay. And I'm just going to ask you about various parties and people or entities
12:01 9 12:01 10	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I	12:04 8 12:04 9 12:04 10	Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your
12:01 9 12:01 10 12:01 11	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't.	12:04 8 12:04 9 12:04 10 12:04 11	Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity.
12:01 9 12:01 10 12:01 11 12:01 12	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes.
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances,	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes.
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him?
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff?	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15 12:04 16	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar.
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15 12:04 16 12:04 17	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17 12:01 18	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records that you mentioned in a litigation hold. I would	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15 12:04 16 12:04 17 12:04 18	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your relationship?
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17 12:01 18 12:01 19	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records that you mentioned in a litigation hold. I would not expect to see medical records, grievances. I	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15 12:04 16 12:04 17 12:04 18 12:04 19	Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your relationship? A. I was his supervisor. He was a medical
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17 12:01 18 12:01 19 12:01 20	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records that you mentioned in a litigation hold. I would not expect to see medical records, grievances. I would only expect correspondences specific to the	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 13 12:04 14 12:04 15 12:04 16 12:04 17 12:04 18 12:04 19 12:04 20	Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your relationship? A. I was his supervisor. He was a medical director. I was his direct supervisor.
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17 12:01 18 12:01 19 12:01 20 12:01 21	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records that you mentioned in a litigation hold. I would not expect to see medical records, grievances. I would only expect correspondences specific to the patient from a clinician or from some other person	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 14 12:04 15 12:04 16 12:04 17 12:04 18 12:04 19 12:04 20 12:05 21	 Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your relationship? A. I was his supervisor. He was a medical director. I was his direct supervisor. Q. So based on what we talked about
12:01 9 12:01 10 12:01 11 12:01 12 12:01 13 12:01 14 12:01 15 12:01 16 12:01 17 12:01 18 12:01 19 12:01 20 12:01 21 12:02 22	I did it for this case. I may have done it, but I don't recall. I generally do that just for my own purpose, but I don't recall that I did or that I didn't. Q. Other than e-mails and patient records and utilization management records and grievances, are there any other types of documents that you would expect to see as the result of a litigation hold for someone like the plaintiff? A. Well, I would not expect those records that you mentioned in a litigation hold. I would not expect to see medical records, grievances. I would only expect correspondences specific to the patient from a clinician or from some other person in the system, but I would not expect all of those	12:04 8 12:04 9 12:04 10 12:04 11 12:04 12 12:04 14 12:04 15 12:04 16 12:04 17 12:04 18 12:04 19 12:04 20 12:05 21	Q. Okay. And I'm just going to ask you about various parties and people or entities involved in the case and ask you about your familiarity. A. Yes. Q. So the late Dr. Saleh Obaisi A. Obaisi, yes. Q Obaisi. Were you familiar with him? A. Yes, very familiar. Q. And can you describe for me your relationship? A. I was his supervisor. He was a medical director. I was his direct supervisor. Q. So based on what we talked about earlier, you would have participated in his annual

	Page 73		Page 75
12:05 1	Q. Okay. And are those reviews documented	12:08 1	Q. Did you hire Dr. Obaisi?
12:05 2	somewhere within the company?	12:08 2	A. I don't recall if I was involved with
12:05 3	A. I have seen written I have seen some	12:08 3	his hiring or not. He had worked for the company
12:05 4	that were written, yes. I'm not sure that they are	12:08 4	for many years. I don't recall my involvement with
12:05 5	always done written and in a written format, but I	12:08 5	his hiring.
12:05 6	have seen some that were in writing.	12:08 6	Q. Do you recall any involvement with his
12:05 7	Q. Let me ask my question another way.	12:09 7	training?
12:05 8	When you reviewed Dr. Obaisi, did you have to fill	12:09 8	A. No. He had been working for Wexford
12:05 9	out a form for the annual review? Just to clarify.	12:09 9	prior to my becoming his supervisor for a number of
12:05 10	A. We at one time did. Then the	12:09 10	years, so I would not have been involved.
12:05 11	responsibility was shifted to the regional manager	12:09 11	Q. Okay. In your supervision of
12:05 12	and that transition occurred, oh, probably eight or	12:09 12	Dr. Obaisi, can you think of a time where you
12:06 13	nine years ago, when the responsibility of the	12:09 13	disagreed with the diagnosis that he made?
12:06 14	annual review was delegated to the regional	12:09 14	A. I can't recall a specific time, but
12:06 15	manager. Prior to that, it was a written	12:09 15	physicians often disagree on diagnoses. That is a
12:06 16	evaluation that was done that I would have done.	12:09 16	very common when we render an opinion, but I
12:06 17	Q. Okay. And aside from being Dr. Obaisi's	12:09 17	don't recall a specific instance or an adverse
12:06 18	supervisor, did you have any other relationship	12:10 18	result as to our difference that may have occurred.
12:06 19	outside of work with him?	12:10 19	Again, I don't recall, but, again, it's
12:06 20	A. No.	12:10 20	very common that physicians are required to use
12:06 21	Q. And based on your familiarity from	12:10 21	their own judgment. And in that, that judgment
12:06 22	reviewing and supervising Dr. Obaisi, was there	12:10 22	will differ, and it's not it's not unusual to
12:06 23	ever any corrective actions issued with regards to	12:10 23	have a difference in a diagnosis.
12:06 24	his decisions?	12:10 24	Q. Similar to lawyers. We disagree about
	Page 74		Page 76
12:06 1	Page 74	12:10 1	Page 76
12:06 1 12:07 2	A. There was one incident I recall that had	12:10 1	how to do things.
12:07 2	A. There was one incident I recall that had to do with his documentation that took place during	12:10 2	how to do things. A. Yes. Right, right.
12:07 2 12:07 3	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor.	12:10 2 12:10 3	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress
12:07 2 12:07 3	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part	12:10 2 12:10 3 12:10 4	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff?
12:07 2 12:07 3 12:07 4	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time?	12:10 2 12:10 3 12:10 4	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I
12:07 2 12:07 3 12:07 4 12:07 5	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his	12:10 2 12:10 3 12:10 4 12:10 5	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes.
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes.
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of.	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with?
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor?	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes.	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11 12:07 12	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11 12:07 12	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him?	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11 12:07 12 12:07 13 12:07 14	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11 12:07 12 12:07 13 12:07 14 12:07 15	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when he was at another site that I was not supervising	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14 12:11 15	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different things.
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 10 12:07 11 12:07 12 12:07 12 12:07 13 12:07 14 12:07 15 12:07 16	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when he was at another site that I was not supervising that I became aware of somehow, and I don't	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14 12:11 15 12:11 16	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different things. Q. Let's start with the latter.
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 9 12:07 10 12:07 11 12:07 12 12:07 12 12:07 13 12:07 14 12:07 15 12:07 16 12:07 17	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when he was at another site that I was not supervising that I became aware of somehow, and I don't remember how it was. But that I became aware of,	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14 12:11 15 12:11 16 12:11 17	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different things. Q. Let's start with the latter. A. I don't know I don't recall
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12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 10 12:07 11 12:07 12 12:07 13 12:07 14 12:07 15 12:07 16 12:07 17 12:08 18 12:08 19 12:08 20 12:08 21	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when he was at another site that I was not supervising that I became aware of somehow, and I don't remember how it was. But that I became aware of, but it was not clinical. It did not have anything to do with clinical — it was not a clinical matter or a patient matter. Q. Other than the two corrective actions	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14 12:11 15 12:11 16 12:11 17 12:11 18 12:11 19 12:11 20 12:11 21	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different things. Q. Let's start with the latter. A. I don't know I don't recall specifically if his impression was that the patient had rheumatoid arthritis. I know it was a consideration. I don't recall, and I did not really review that with that in mind. But if his impression was that he had rheumatoid arthritis,
12:07 2 12:07 3 12:07 4 12:07 5 12:07 6 12:07 7 12:07 8 12:07 10 12:07 11 12:07 12 12:07 13 12:07 14 12:07 15 12:07 16 12:07 17 12:08 18 12:08 19 12:08 20 12:08 21	A. There was one incident I recall that had to do with his documentation that took place during the time that I was his supervisor. Q. Sorry. Could you repeat that last part one more time? A. During the time that I was his supervisor, there was one incident that I'm aware of. Q. Okay. Did you know Dr. Obaisi prior to the time that you became his supervisor? A. Yes. Q. And during that time, do you know of any corrective actions that were issued to him? A. There was an incident that occurred when he was at another site that I was not supervising that I became aware of somehow, and I don't remember how it was. But that I became aware of, but it was not clinical. It did not have anything to do with clinical — it was not a clinical matter or a patient matter. Q. Other than the two corrective actions that we have talked about, are you aware of any	12:10 2 12:10 3 12:10 4 12:10 5 12:10 6 12:10 7 12:10 8 12:11 9 12:11 10 12:11 11 12:11 12 12:11 13 12:11 14 12:11 15 12:11 16 12:11 17 12:11 18 12:11 19 12:11 20 12:11 21	how to do things. A. Yes. Right, right. Q. Have you reviewed Dr. Obaisi's progress notes for the plaintiff? A. Yes. I reviewed the records, and I would have reviewed his notes, yes. Q. As you sit here today, do you recall anything that you disagreed with, any recommendations that he wrote in his progress notes that you disagreed with? A. That I disagreed with him offering at the time or my opinion of what his what the diagnosis was or the impression was of the patient's condition? Those are two different things. Q. Let's start with the latter. A. I don't know I don't recall specifically if his impression was that the patient had rheumatoid arthritis. I know it was a consideration. I don't recall, and I did not really review that with that in mind. But if his

	Page 77		Page 79
12:12 1	rheumatoid arthritis.	12:15 1	His current most recent findings by the
12:12 2	Now, whether that opinion would have	12:15 2	physician that he saw in the Cook County system,
12:12 3	been done contemporaneously, I don't know. I have	12:15 3	his documentation of his symptoms, his findings,
12:12 4	the benefit of retrospect and knowing things that	12:15 4	and also it was although I did not see it, I
12:12 5	Dr. Obaisi didn't. That is, the fact that he did	12:15 5	just got the records yesterday afternoon, but it
12:12 6	not improve with the treatment and subsequent	12:15 6	was stated by the physician that his rheumatoid
12:12 7	his subsequent course and opinion other findings	12:15 7	factor was negative in the note.
12:12 8	of physicians that had seen him years later, so I	12:15 8	I looked for that and I could not find
12:12 9	have a completely different perspective than	12:15 9	the actual report, but it is stated in the last
12:12 10	Dr. Obaisi had. But my opinion is it would be	12:16 10	visit, recognizing that he had previously had, by
12:12 11	different if Dr. Obaisi felt he had rheumatoid	12:16 11	his history, an elevated rheumatoid factor, and he
12:12 12	arthritis.	12:16 12	had mentioned that the rheumatoid factor was
12:12 13	Q. Okay. So can you give me a little more	12:16 13	negative.
12:13 14	detail about why, if you let me strike that.	12:16 14	So those things so the whole thing
12:13 15	Assuming for the purposes of this	12:16 15	together all speaks against rheumatoid arthritis as
12:13 16	question that Dr. Obaisi believed that the	12:16 16	being a reasonable disease for Mr. Daniels.
12:13 17	plaintiff had rheumatoid arthritis. Are you saying	12:16 17	Q. Okay. I'm going to dig into some of
12:13 18	now that you would disagree with that assessment?	12:16 18	those the things that you listed.
12:13 19	I guess I'm just trying to make sure what your	12:16 19	A. Yes.
12:13 20	disagreement is.	12:16 20	Q. So one of the things that you talked
12:13 21	A. Yes, I would disagree with that, if that	12:16 21	about is his rheumatoid factor levels, and my
12:13 22	was, in fact, his assessment, which I'm not saying	12:16 22	understanding of what you said and correct me if
12:13 23	that it was. I don't know. He did refer him to a	12:16 23	I'm wrong is that his levels were only slightly
12:13 24	rheumatologist, but that does not mean that he	12:17 24	elevated?
	Daga 70		Dago 00
10.12 1	Page 78	10.17 1	Page 80
12:13 1	believed that. People refer doctors refer	12:17 1	A. Yes.
12:14 2	believed that. People refer doctors refer patients for opinions, and that does not mean that	12:17 2	A. Yes. Q. Okay. And so why does that to you
12:14 2 12:14 3	believed that. People refer doctors refer patients for opinions, and that does not mean that he was in belief but he certainly considered it as	12:17 2 12:17 3	A. Yes. Q. Okay. And so why does that to you indicate that he did not have rheumatoid arthritis?
12:14 2 12:14 3 12:14 4	believed that. People refer doctors refer patients for opinions, and that does not mean that he was in belief but he certainly considered it as a cause of his symptoms.	12:17 2 12:17 3 12:17 4	A. Yes. Q. Okay. And so why does that to you indicate that he did not have rheumatoid arthritis? A. There is a correlation with the degree
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12:14 2 12:14 3 12:14 4 12:14 5 12:14 6	believed that. People refer doctors refer patients for opinions, and that does not mean that he was in belief but he certainly considered it as a cause of his symptoms. Q. And why do you think that the plaintiff does not have rheumatoid arthritis?	12:17 2 12:17 3 12:17 4 12:17 5 12:17 6	A. Yes. Q. Okay. And so why does that to you indicate that he did not have rheumatoid arthritis? A. There is a correlation with the degree of the titer. That is, how highest it's elevated and the likelihood of the patient having the
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12:14 2 12:14 3 12:14 4 12:14 5 12:14 6 12:14 7 12:14 8 12:14 9 12:14 10 12:14 11 12:14 12 12:14 13 12:14 14 12:14 15	believed that. People refer doctors refer patients for opinions, and that does not mean that he was in belief but he certainly considered it as a cause of his symptoms. Q. And why do you think that the plaintiff does not have rheumatoid arthritis? A. For a number of reasons. The clinical picture does not fit rheumatoid arthritis. The only thing is that he has a slight elevation in rheumatoid in his rheumatoid factor. He characterizes it as out of range. It's not out of range. It's in range, but it's beyond what is typically seen in a healthy person. But his history does not fit rheumatoid arthritis. His laboratory parameters do not fit rheumatoid arthritis. His clinical course does not	12:17 2 12:17 3 12:17 4 12:17 5 12:17 6 12:17 7 12:17 8 12:17 9 12:17 10 12:17 11 12:17 12 12:17 13 12:18 14 12:18 15	A. Yes. Q. Okay. And so why does that to you indicate that he did not have rheumatoid arthritis? A. There is a correlation with the degree of the titer. That is, how highest it's elevated and the likelihood of the patient having the illness as opposed to it being caused by another condition or by no condition at all. So he is in the range where it's not significantly elevated, and that would be defined as less than three times the upper limit of normal. Q. And you mention that his history also causes you to believe that he does not have rheumatoid arthritis. What about his history supports your conclusion?
12:14 2 12:14 3 12:14 4 12:14 5 12:14 6 12:14 7 12:14 8 12:14 9 12:14 10 12:14 11 12:14 12 12:14 13 12:14 14 12:14 15 12:14 16	believed that. People refer doctors refer patients for opinions, and that does not mean that he was in belief but he certainly considered it as a cause of his symptoms. Q. And why do you think that the plaintiff does not have rheumatoid arthritis? A. For a number of reasons. The clinical picture does not fit rheumatoid arthritis. The only thing is that he has a slight elevation in rheumatoid in his rheumatoid factor. He characterizes it as out of range. It's not out of range. It's in range, but it's beyond what is typically seen in a healthy person. But his history does not fit rheumatoid arthritis. His laboratory parameters do not fit	12:17 2 12:17 3 12:17 4 12:17 5 12:17 6 12:17 7 12:17 8 12:17 10 12:17 11 12:17 12 12:17 13 12:18 14 12:18 15 12:18 16	A. Yes. Q. Okay. And so why does that to you indicate that he did not have rheumatoid arthritis? A. There is a correlation with the degree of the titer. That is, how highest it's elevated and the likelihood of the patient having the illness as opposed to it being caused by another condition or by no condition at all. So he is in the range where it's not significantly elevated, and that would be defined as less than three times the upper limit of normal. Q. And you mention that his history also causes you to believe that he does not have rheumatoid arthritis. What about his history supports your conclusion? A. Well, I also mentioned I think you
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12.27 24 united of incumators attention, our rates	12:19 12:19 12:19 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20 12:20	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	recall what his C reactive protein was. There's another antibody called anti-CCP that is characteristically seen in rheumatoid arthritis as a positive. He was negative. Other things that are commonly seen are results in inflammation resulting in anemia, specifically a type of anemia called anemia of chronic disease. He was not anemic and depressed protein, as another phenomenon that occurs in people who have inflammatory diseases, such as rheumatoid arthritis, and specifically albumin will be depressed. He did not have a depressed albumin. So of the many laboratory things that I looked at, he only had one, and that was only a weekly positive finding. Q. The other laboratory factors that you just named, were you looking at the results from the time that he was incarcerated, or are you referring I guess I just want the time period. A. I looked at every record, every page, so that was the 15 years that he 12 years. 2005 to 2017, I think, when he was released. I looked at	12:23 2 12:23 3 12:23 4 12:23 5 12:23 6 12:23 7 12:23 8 12:23 9 12:23 10 12:23 11 12:23 12 12:23 13 12:23 14 12:23 15 12:24 16 12:24 17 12:24 18 12:24 19 12:24 20 12:24 21 12:24 22	phalangeal joints, the knuckles of the hands and then lesser to the fingers, the PIP joints and of the wrist. They will characteristically have early morning stiffness and pain. Grasping will be painful, and they may have weakness. That is another complaint that is characteristic of people who have rheumatoid arthritis. It rarely affects the joints he complained about, his back and elbow. It does sometimes, but it was just one elbow. And his complaints, when he complained of joint pain, were infrequent relative to his other complaints, and they were not typical of somebody who is a rheumatoid patient. Q. You also mentioned his clinical courses? A. Clinical course, yes. Q. Sorry. One more time? A. Clinical course is one of the things that you considered in forming your opinion that he does not have rheumatoid arthritis. What about the clinical course contributes to your opinion?

	Page 85		Page 87
12:24 1	immunosuppressive agent, their illness would be	12:27 1	factor. I did not actually see the result. I
12:24 2	expected to progress, and that would show result	12:27 2	could not find even though there was some
12:24 3	in clinical findings that the disease worsens and	12:28 3	laboratory results were submitted, I did not see
12:24 4	radiographic and laboratory findings.	12:28 4	it. But, again, I did not have much time to look
12:24 5	So all of those things should expand	12:28 5	at it.
12:24 6	over time, amplify over time. So having the	12:28 6	It's actually the last sentence of
12:24 7	benefit of looking retrospectively at what occurred	12:28 7	the last visit states that rheumatoid factor is
12:25 8	and currently what his status is, he does not have	12:28 8	negative, and it acknowledges that it had been
12:25 9	findings, even in the present day, after having had	12:28 9	positive.
12:25 10	this elevated rheumatoid factor for, what, at least	12:28 10	Q. The fact that it was or that there's
12:25 11	10 or 15 years. So that is, again, completely	12:28 11	a progress note talking about the rheumatoid factor
12:25 12	inconsistent with it being a diagnosis of	12:28 12	being negative, how does that factor contribute to
12:25 13	rheumatoid arthritis, and especially in the face of	12:28 13	your opinion?
12:25 14	him not being on any immunosuppressive agent which	12:28 14	A. It just strengthens it. I would not
12:25 15	could have slowed down the progression of the	12:28 15	change it. I would not expect that it would be
12:25 16	illness.	12:28 16	negative. That surprises me a little bit, but it
12:25 17	In addition, when he was except for	12:28 17	does not alter my opinion. It would, if anything,
12:25 18	that short period of time, three months or so. And	12:28 18	just strengthen it, but it doesn't change it.
12:25 19	then during the time when he was on a medication	12:28 19	Q. Why does it surprise you?
12:25 20	for which symptoms would be expected to resolve or	12:28 20	A. Generally, if it was positive for the
12:25 21	mitigate, his symptoms actually amplified. He	12:28 21	length of time that it was, from the lab reports
12:25 22	complained more about joint pain during the time he	12:28 22	that I had seen, whatever is causing it to be
12:25 23	was treated with the agent which is used to reduce	12:28 23	elevated, I believe, is still there. He's the same
12:26 24	the symptoms of rheumatoid arthritis, and he even	12:29 24	biologic person, and then whatever it generally
	Page 86		Page 88
12:26 1			
	acknowledged that in his subsequent notes, that it	12:29 1	does not just disappear. It is present in some
12:26 2	•	12:29 1 12:29 2	does not just disappear. It is present in some individuals and it's unexplained. I mean, it's
12:26 2 12:26 3	was ineffective.		* ** *
	was ineffective. Q. What is the agent that is used to reduce	12:29 2	individuals and it's unexplained. I mean, it's
12:26 3	was ineffective. Q. What is the agent that is used to reduce the symptoms of rheumatoid arthritis?	12:29 2 12:29 3	individuals and it's unexplained. I mean, it's associated with certain illnesses, but in some
12:26 3 12:26 4	was ineffective. Q. What is the agent that is used to reduce the symptoms of rheumatoid arthritis? A. Well, the immunosuppressive agent that I	12:29 2 12:29 3 12:29 4	individuals and it's unexplained. I mean, it's associated with certain illnesses, but in some people it's just present and it's not known why,
12:26 3 12:26 4 12:26 5	was ineffective. Q. What is the agent that is used to reduce the symptoms of rheumatoid arthritis? A. Well, the immunosuppressive agent that I was referring to was methotrexate.	12:29 2 12:29 3 12:29 4 12:29 5	individuals and it's unexplained. I mean, it's associated with certain illnesses, but in some people it's just present and it's not known why, but they generally have it. It does fluctuate, as
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12:26 3 12:26 4 12:26 5 12:26 6 12:26 7 12:26 8 12:26 10 12:26 11 12:27 12 12:27 13 12:27 14 12:27 15 12:27 16 12:27 17 12:27 18 12:27 19 12:27 20 12:27 21	was ineffective. Q. What is the agent that is used to reduce the symptoms of rheumatoid arthritis? A. Well, the immunosuppressive agent that I was referring to was methotrexate. Q. Okay. Now, I think that moves us on to our next one, lack of response to the methotrexate. What response would you have expected to see? A. Well, from reviewing the record, he didn't have a diminution in his joint pain that would have been expected to have occurred. So either there would have been no improvement but likely there should have been an improvement. But what actually happened was, there was an increase in his complaints of joint pain that occurred during the time that he was receiving the treatment, which, again, is completely inconsistent with rheumatoid as a diagnosis. Q. Then in the Cook County documents, you mentioned that the there was a negative rheumatoid factor?	12:29 2 12:29 3 12:29 4 12:29 5 12:29 6 12:29 7 12:29 8 12:29 10 12:29 11 12:29 12 12:29 13 12:29 14 12:29 15 12:29 16 12:30 17 12:30 18 12:30 19 12:30 20 12:30 21 12:30 23	individuals and it's unexplained. I mean, it's associated with certain illnesses, but in some people it's just present and it's not known why, but they generally have it. It does fluctuate, as it did in this case, but it usually does not become negative once it's elevated. Q. In your experience, are there certain environmental factors that could cause someone to develop rheumatoid arthritis? A. No. Not external environmental factors, no. Q. Okay. Was there anything else about the clinical picture, other than the things that we just talked about, that contributed to your opinion about the diagnosis of rheumatoid arthritis? A. I mentioned — I'm sure I mentioned the findings of the physicians and their opinion of those that had seen him recently, subsequent to his parole or release from prison, what their findings were and opinion about his — what the cause of his symptoms were. That also played a role in my opinion.
12:26 3 12:26 4 12:26 5 12:26 6 12:26 7 12:26 8 12:26 10 12:26 11 12:27 12 12:27 14 12:27 15 12:27 16 12:27 17 12:27 18 12:27 19 12:27 20 12:27 21 12:27 21	was ineffective. Q. What is the agent that is used to reduce the symptoms of rheumatoid arthritis? A. Well, the immunosuppressive agent that I was referring to was methotrexate. Q. Okay. Now, I think that moves us on to our next one, lack of response to the methotrexate. What response would you have expected to see? A. Well, from reviewing the record, he didn't have a diminution in his joint pain that would have been expected to have occurred. So either there would have been no improvement but likely there should have been an improvement. But what actually happened was, there was an increase in his complaints of joint pain that occurred during the time that he was receiving the treatment, which, again, is completely inconsistent with rheumatoid as a diagnosis. Q. Then in the Cook County documents, you mentioned that the there was a negative rheumatoid factor? A. I mentioned it was in the note of the	12:29 2 12:29 3 12:29 4 12:29 6 12:29 6 12:29 7 12:29 8 12:29 9 12:29 10 12:29 11 12:29 12 12:29 13 12:29 14 12:29 15 12:29 16 12:30 17 12:30 18 12:30 19 12:30 20 12:30 21	individuals and it's unexplained. I mean, it's associated with certain illnesses, but in some people it's just present and it's not known why, but they generally have it. It does fluctuate, as it did in this case, but it usually does not become negative once it's elevated. Q. In your experience, are there certain environmental factors that could cause someone to develop rheumatoid arthritis? A. No. Not external environmental factors, no. Q. Okay. Was there anything else about the clinical picture, other than the things that we just talked about, that contributed to your opinion about the diagnosis of rheumatoid arthritis? A. I mentioned — I'm sure I mentioned the findings of the physicians and their opinion of those that had seen him recently, subsequent to his parole or release from prison, what their findings were and opinion about his — what the cause of his symptoms were. That also played a role in my

	Page 89		Page 91
12:30 1	A. Another thing I would say is, what also	12:34 1	have rheumatoid levels that are not significantly
12:30 2	moved my opinion was Mr. Daniels' deposition, where	12:34 2	elevated but they still, in your belief, possess
12:30 3	what he stated was, when he was asked why he was	12:34 3	the disease?
12:30 4	filing a lawsuit, he stated because he had an	12:34 4	A. That can exist, yes. Again, it's looked
12:30 5	elevated rheumatoid factor and it appeared to me	12:34 5	at as one of the parameters in making that
12:30 6	that he his belief has been influenced by that	12:34 6	judgment. It would be inappropriate to make a
12:31 7	laboratory result as patients sometimes are. They	12:34 7	determination solely defined on their rheumatoid
12:31 8	believe they have the disease because they have	12:34 8	factor or their level.
12:31 9	this laboratory finding, which is often seen in the	12:34 9	Q. Okay. I'm going to go back to the
12:31 10	disease, and they attribute or believe they have	12:35 10	various employees. Are you familiar with a Paul or
12:31 11	the disease.	12:35 11	a Dr. Paul Williams?
12:31 12	So his belief is that he has the	12:35 12	A. No.
12:31 13	illness, and, therefore, may attribute some of his	12:35 13	Q. Okay. Are you familiar with a
12:31 14	symptoms or suggest that some of his symptoms may	12:35 14	Dr. Adrian Feinerman?
12:31 15	be related to that and that that seemed to happen,	12:35 15	A. Yes.
12:31 16	from the interview with the rheumatologist, where	12:35 16	Q. Okay. What is your familiarity with
12:31 17	he had asked him some questions of rheumatoid	12:35 17	Dr. Feinerman?
12:31 18	symptoms that he responded to but were not actually	12:35 18	A. He was a medical director at a facility
12:31 19	elicited by Mr. Daniels over the many years he had	12:35 19	that I did not supervise, but I knew of him from
12:31 20	seen providers in the prison system.	12:35 20	meetings that we had. I knew he was the medical
12:31 21	So I believe he's been it was	12:35 21	director there.
12:32 22	suggested to him or he believes that he has the	12:35 22	Q. Okay. Is he still the medical director?
12:32 23	illness, and, therefore, some of those symptoms	12:35 23	A. No.
12:32 24	that he's relaying are things that he believes	12:35 24	Q. Okay.
	Page 90		Page 92
12:32 1		12:35 1	
12:32 1 12:32 2	would be consistent with that or his judgment has	12:35 1 12:35 2	Page 92 A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was
	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has.		A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was
12:32 2	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does	12:35 2	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago.
12:32 2 12:32 3	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has.	12:35 2 12:36 3	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was
12:32 2 12:32 3 12:32 4	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all?	12:35 2 12:36 3 12:36 4	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R.
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12:32 2 12:32 3 12:32 4 12:32 5 12:32 6	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes.
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12:32 2 12:32 3 12:32 4 12:32 5 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis?	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of.
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12:32 2 12:32 3 12:32 4 12:32 5 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 13	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last
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12:32 2 12:32 3 12:32 4 12:32 6 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 13 12:33 14 12:33 15 12:33 16 12:33 17 12:33 18	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically those are the findings that you would that were discussed. Those are the findings that you expect to see. There are patients who have inactive	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14 12:36 15 12:36 16 12:36 17 12:36 18	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last name? Q. P-o-l-l-i-o-n. A. I don't know that person. I don't believe it's probably a nurse, but I don't think
12:32 2 12:32 3 12:32 4 12:32 5 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 13 12:33 14 12:33 15 12:33 16 12:33 17 12:33 18 12:33 18	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically those are the findings that you would that were discussed. Those are the findings that you expect to see. There are patients who have inactive disease that may have rheumatoid arthritis but not	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14 12:36 15 12:36 16 12:36 17 12:36 18 12:36 19	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last name? Q. P-o-l-l-i-o-n. A. I don't know that person. I don't believe it's probably a nurse, but I don't think that I know that person.
12:32 2 12:32 3 12:32 4 12:32 5 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 14 12:33 15 12:33 16 12:33 17 12:33 18 12:33 19 12:33 20	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically those are the findings that you would that were discussed. Those are the findings that you expect to see. There are patients who have inactive disease that may have rheumatoid arthritis but not have an active form or the manifestations of that.	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14 12:36 15 12:36 16 12:36 17 12:36 18 12:36 19 12:36 20	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last name? Q. P-o-l-l-i-o-n. A. I don't know that person. I don't believe it's probably a nurse, but I don't think that I know that person. Q. Okay. And does your supervisory duties
12:32 2 12:32 3 12:32 4 12:32 5 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 13 12:33 14 12:33 15 12:33 16 12:33 17 12:33 18 12:33 19 12:33 20 12:33 21	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically those are the findings that you would that were discussed. Those are the findings that you expect to see. There are patients who have inactive disease that may have rheumatoid arthritis but not have an active form or the manifestations of that. That does exist, but the common presentation is the	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14 12:36 15 12:36 16 12:36 17 12:36 18 12:36 19 12:36 20 12:37 21	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last name? Q. P-o-l-l-i-o-n. A. I don't know that person. I don't believe it's probably a nurse, but I don't think that I know that person. Q. Okay. And does your supervisory duties include supervising nurses?
12:32 2 12:32 3 12:32 4 12:32 6 12:32 6 12:32 7 12:32 8 12:33 9 12:33 10 12:33 11 12:33 12 12:33 13 12:33 14 12:33 15 12:33 16 12:33 17 12:33 18 12:33 19 12:33 20 12:33 21	would be consistent with that or his judgment has been prejudiced by the laboratory data that he has. Q. A few follow-up questions. Does methotrexate impact your rheumatoid levels at all? A. It may. It may actually depress the level. It's again, that is not the purpose of the medication, but it may reduce the titer of the rheumatoid factor. Q. And in your experience, have you ever seen patients who did not have the typical inflammatory markers but in your belief did have rheumatoid arthritis? A. Yes. The disease can has a wide range in its presentation, but characteristically those are the findings that you would that were discussed. Those are the findings that you expect to see. There are patients who have inactive disease that may have rheumatoid arthritis but not have an active form or the manifestations of that. That does exist, but the common presentation is the person that has those other findings.	12:35 2 12:36 3 12:36 4 12:36 5 12:36 6 12:36 7 12:36 8 12:36 9 12:36 10 12:36 11 12:36 12 12:36 13 12:36 14 12:36 15 12:36 16 12:36 17 12:36 18 12:36 19 12:36 20 12:37 21 12:37 22	A. I believe he he may have passed, but I'm not I heard he had a stroke, but that was years ago. Q. Okay. What about a Dr. John R. Shepherd? A. Yes. Q. And how are you familiar with Dr. Shepherd? A. He was a doctor that I had met at company meetings. He was a physician that worked at other facilities but not that I was direct supervisor of. Q. Okay. What about Rashida Pollion? A. Spell that, please. What is the last name? Q. P-o-l-l-i-o-n. A. I don't know that person. I don't believe it's probably a nurse, but I don't think that I know that person. Q. Okay. And does your supervisory duties include supervising nurses? A. Not directly, no.

	Page 93		Page 95
12:37 1	Q. And what is your familiarity with	12:40 1	Q. Is there a limit on corrective actions
12:37 2	Dr. Magdel?	12:40 2	that you can receive before you are terminated?
12:37 3	A. He was a I know I interviewed him,	12:40 3	A. The number?
12:37 4	and I know he had worked as a physician for a	12:40 4	Q. Yes.
12:37 5	number of years, but not at a facility that I	12:40 5	A. No, it's a progressive discipline. So
12:37 6	supervised.	12:40 6	it progresses, depending on what the matter is, and
12:37 7	Q. What about Kimberly Criss, C-r-i-s-s?	12:40 7	it progresses to termination, if that is indicated.
12:37 8	A. I don't personally know that individual.	12:41 8	Q. Okay. What about Dr. Fe Poblete
12:37 9	Q. Okay. What about LaTonya Williams?	12:41 9	Fuentes?
12:37 10	A. I do know LaTonya Williams. She's a	12:41 10	A. Dr. Fuentes. I am aware of her. She
12:37 11	physician assistant at Stateville or was.	12:41 11	was at a facility, Menard, that is not in my
12:37 12	Q. Okay. And do you have any supervisory	12:41 12	district. I was aware of her as a physician at the
12:37 13	duties with respect to LaTonya?	12:41 13	facility, but that is all.
12:37 14	A. Not directly. It would be a facility in	12:41 14	Q. Okay. What about Dr. Samuel Nwaobasi?
12:38 15	my district, but I would not be her direct	12:41 15	A. Again, I know of him as a physician at
12:38 16	supervisor. The site medical director would be.	12:41 16	Menard, which is a facility that I did not
12:38 17	Q. With regards to nurses in your	12:41 17	supervise, so I don't have direct did not have
12:38 18	facilities, if there was a corrective action	12:41 18	direct involvement with him. I just knew of his
12:38 19	issued, would you have been notified?	12:41 19	presence or employment with Wexford in that
12:38 20	A. Depending on the subject matter. I may	12:41 20	capacity.
12:38 21	have, but, generally, no, I would not. For minor	12:41 21	Q. What region is Menard in?
12:38 22	issues, I would not be involved with that.	12:41 22	A. Southern. Southern part of the state.
12:38 23	Q. Okay. Are you aware of any corrective	12:41 23	Q. Okay. Who is the supervising person for
12:38 24	actions issued to Ms. Williams?	12:42 24	that region?
	Page 94		Page 96
12:38 1	Page 94 A. I believe that there was for attendance.	12:42 1	Page 96 A. Presently, it's Dr. Glen Babich.
12:38 1 12:38 2	A. I believe that there was for attendance.	12:42 1 12:42 2	Page 96 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h.
	A. I believe that there was for attendance. She was coming late. I'm certain there was. I		A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h.
12:38 2	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her	12:42 2	A. Presently, it's Dr. Glen Babich,
12:38 2 12:38 3	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work.	12:42 2 12:42 3	 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been
12:38 2 12:38 3 12:39 4	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else?	12:42 2 12:42 3 12:42 4	 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time,
12:38 2 12:38 3 12:39 4 12:39 5	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work.	12:42 2 12:42 3 12:42 4 12:42 5	 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall.	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6	 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6 12:39 7	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall. Q. How about Dr. Liping Zhang? A. She was a physician at the facility, at	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6 12:42 7	 A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional medical directors. The state was divided north and
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6 12:39 7 12:39 8	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall. Q. How about Dr. Liping Zhang?	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6 12:42 7 12:42 8	A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional medical directors. The state was divided north and south. The southern would have been Dr. Rob
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6 12:39 7 12:39 8 12:39 9	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall. Q. How about Dr. Liping Zhang? A. She was a physician at the facility, at Stateville.	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6 12:42 7 12:42 8 12:42 9	A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional medical directors. The state was divided north and south. The southern would have been Dr. Rob Matticks, M-a-t-t-i-c-k-s, and Menard would have
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6 12:39 7 12:39 8 12:39 9 12:39 10	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall. Q. How about Dr. Liping Zhang? A. She was a physician at the facility, at Stateville. Q. And did you supervise Dr. Zhang?	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6 12:42 7 12:42 8 12:42 9 12:42 10	A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional medical directors. The state was divided north and south. The southern would have been Dr. Rob Matticks, M-a-t-t-i-c-k-s, and Menard would have been in his district. Two years ago a third
12:38 2 12:38 3 12:39 4 12:39 5 12:39 6 12:39 7 12:39 8 12:39 9 12:39 10 12:39 11	A. I believe that there was for attendance. She was coming late. I'm certain there was. I know there was some matter or issue relating to her coming late in the morning, arriving late at work. Q. Anything else? A. That's all I recall. Q. How about Dr. Liping Zhang? A. She was a physician at the facility, at Stateville. Q. And did you supervise Dr. Zhang? A. No, not directly.	12:42 2 12:42 3 12:42 4 12:42 5 12:42 6 12:42 7 12:42 8 12:42 9 12:42 10 12:42 11	A. Presently, it's Dr. Glen Babich, B-a-b-i-c-h. Q. Okay. A. But at the time, it would have been somebody he has been in prison for a long time, so up until two years ago, we had two regional medical directors. The state was divided north and south. The southern would have been Dr. Rob Matticks, M-a-t-t-i-c-k-s, and Menard would have been in his district. Two years ago a third regional medical director was added, and we divided
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	Page 97		Page 99
12:43 1	like 2008, I think. 2008, 2009, I'm guessing,	12:46 1	but that would be the only time that I would have
12:43 2	around there.	12:46 2	been his direct supervisor.
12:43 3	Q. Is it fair to say that the various	12:46 3	Q. What about Dr. Arturo Sevilla?
12:43 4	regions are all governed by the same guidelines in	12:47 4	A. I know a Dr. Sevilla, but it was not
12:43 5	Illinois?	12:47 5	Arturo. It was it was a female. I don't
12:43 6	A. Yes. Yes. Individual facilities have	12:47 6	remember her first name though.
12:44 7	individual makeups, so they have different	12:47 7	Q. And how do you know Dr. Sevilla?
12:44 8	missions, but generally that statement is true.	12:47 8	A. She was a staff physician at at
12:44 9	Q. Okay. So let me ask a better question.	12:47 9	Stateville Correctional Center but only for a brief
12:44 10	So for Stateville, for example, is there a written	12:47 10	period of time.
12:44 11	set of guidelines that Wexford employees would	12:47 11	Q. Does Dr. Sevilla still work at Wexford,
12:44 12	refer to or look at?	12:47 12	to your knowledge?
12:44 13	A. Yes. So it's Stateville. There's no	12:47 13	A. No, she does not.
12:44 14	second S, but everyone thinks there is. Yes, there	12:47 14	Q. Do you know when Dr. Sevilla left?
12:44 15	are there are guidelines that apply to the	12:47 15	A. I don't recall the dates, no.
12:44 16	entire state, and then each site will have specific	12:47 16	Q. Are you aware of any corrective actions
12:44 17	guidelines for its specific needs.	12:47 17	issued to Dr. Sevilla?
12:44 18	Q. Okay. Are you familiar with a	12:48 18	A. No, I'm not aware of any.
12:45 19	Dr. Robert Shaefer?	12:48 19	Q. Do you know why she left?
12:45 20	A. Yes.	12:48 20	A. No, I don't recall. It's not for
12:45 21	Q. Okay. And	12:48 21	everybody. Corrections is a unique environment,
12:45 22	A. It's Ronald. Ronald Shaefer, it should	12:48 22	and some doctors just don't like it.
12:45 23	be.	12:48 23	Q. Fair enough. Okay. We are about to
12:45 24	Q. It's Ronald. Okay.	12:48 24	turn to the procedures or some procedures handbook.
	Page 98		Page 100
12:45 1	Page 98 And you indirectly supervise	12:48 1	Page 100 Let's see. I will mark the Wexford Health Provider
12:45 1 12:45 2	And you indirectly supervise	12:48 1 12:49 2	Let's see. I will mark the Wexford Health Provider
	And you indirectly supervise Dr. Shaefer?		
12:45 2	And you indirectly supervise Dr. Shaefer? A. Yes. Actually at one point directly.	12:49 2	Let's see. I will mark the Wexford Health Provider Handbook as Exhibit No. 2, and I will share my screen.
12:45 2 12:45 3	And you indirectly supervise Dr. Shaefer? A. Yes. Actually at one point directly. He had different positions in the company.	12:49 2 12:49 3	Let's see. I will mark the Wexford Health Provider Handbook as Exhibit No. 2, and I will share my screen. Dr. Funk, can you see my screen now?
12:45 2 12:45 3 12:45 4	And you indirectly supervise Dr. Shaefer? A. Yes. Actually at one point directly.	12:49 2 12:49 3 12:50 4	Let's see. I will mark the Wexford Health Provider Handbook as Exhibit No. 2, and I will share my screen. Dr. Funk, can you see my screen now? A. Yes, I can.
12:45 2 12:45 3 12:45 4 12:45 5	And you indirectly supervise Dr. Shaefer? A. Yes. Actually at one point directly. He had different positions in the company. Q. Okay. And do you recall any corrective	12:49 2 12:49 3 12:50 4 12:50 5	Let's see. I will mark the Wexford Health Provider Handbook as Exhibit No. 2, and I will share my screen. Dr. Funk, can you see my screen now?
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12:45 2 12:45 3 12:45 4 12:45 5 12:45 6 12:45 7 12:45 8 12:45 9 12:46 10 12:46 11 12:46 12 12:46 13 12:46 14 12:46 15 12:46 16 12:46 17 12:46 18 12:46 19 12:46 20 12:46 21	And you indirectly supervise Dr. Shaefer? A. Yes. Actually at one point directly. He had different positions in the company. Q. Okay. And do you recall any corrective actions being issued to Dr. Shaefer? A. Not that I recall, no. Q. And the corrective actions, is that a written notice? A. It could be written or verbal. Generally, it would be done in writing, memorialized in writing. Q. Okay. Are you familiar with a Dr. Magid Fahim? A. Yes. Q. What is your familiarity with Dr. Fahim? A. He was the medical director at Menard for a period of time. Q. Did you have any supervisory duties with regards to Dr. Fahim? A. No. The only exception, in that brief period of time when I was solo in the state, that	12:49 2 12:49 3 12:50 4 12:50 5 12:50 6 12:50 7 12:50 8 12:50 10 12:50 11 12:50 12 12:50 13 12:50 14 12:51 16 12:51 17 12:51 18 12:51 19 12:51 20 12:51 21 12:51 22	Let's see. I will mark the Wexford Health Provider Handbook as Exhibit No. 2, and I will share my screen. Dr. Funk, can you see my screen now? A. Yes, I can. Q. And I will A. Better. Thank you. Q. Okay. So we are looking at Exhibit No. 2, which is the Wexford Health Provider Handbook, so I'm just going to ask you some background questions about this. So, first of all, do you know who puts together this provider handbook? A. The person who signs it. There's a signature on the second page. So it's put out by the corporation, but the person who reviews it and updates it it should have a signature on the second page. It probably is the corporate medical officer, chief medical officer. Q. Okay. Let's see. A. There it is. Q. So Dr. Thomas Lehman, the corporate

	Page 101		Page 103
12:51 1	Q. Does anyone else review it besides	12:54 1	Q. So I highlighted a particular passage on
12:51 2	Dr. Lehman?	12:55 2	page 3 of Exhibit No. 2.
12:51 3	A. Whoever he chooses. He's the one who	12:55 3	A. Yes.
12:51 4	does the final review and issues it. He may give	12:55 4	Q. It says, All readers are encouraged to
12:51 5	it to other individuals for their opinion.	12:55 5	consult their site specific operational policies
12:51 6	Actually, I have been asked to give an opinion on	12:55 6	and procedures with regards to facility protocols.
12:51 7	the and make changes to the physician handbook,	12:55 7	Did I read that accurately?
12:52 8	but it's at his discretion.	12:55 8	A. Yes.
12:52 9	Q. Okay. And what is the purpose of this	12:55 9	Q. When you train physicians, do you hand
12:52 10	handbook?	12:55 10	them a copy of their site specific operational
12:52 11	A. It's used in orientation of a new	12:55 11	policies and procedures?
12:52 12	provider to give them information about the company	12:55 12	A. Some of them. Yeah, some of them would
12:52 13	and corrections and the specific population that we	12:55 13	be at the facility, and they would evolve. They
12:52 14	provide services to.	12:55 14	would receive those during time, and some of them
12:52 15	Q. Can you give me more detail about how	12:55 15	they would receive in training from other
12:52 16	it's used in training?	12:55 16	individuals. But some of them, yes.
12:52 17	A. Yes. It's handed to the new applicant	12:55 17	Q. Going to page 5 now of this handbook.
12:52 18	as a prospective employee to review, and it is	12:56 18	If you look at letter E.
12:52 19	reviewed I review it with the providers during	12:56 19	A. Yes.
12:52 20	my orientation with them.	12:56 20	Q. Is there a chronic clinic for rheumatoid
12:52 21	Q. Are you	12:56 21	arthritis patients?
12:52 22	A. I'm sorry. And in that review, they	12:56 22	A. Not specifically for rheumatoid
12:52 23	have the opportunity to ask questions about any of	12:56 23	arthritis patients. There's a general medical
12:53 24	the contents of the handbook.	12:56 24	clinic in which a rheumatoid arthritis patient can
	Page 102		Page 104
12:53 1	Q. Do you have this particular handbook? I	12:56 1	be added to, where they would be seen on a
12:53 2	believe this is the one effective November 21,	12:56 2	scheduled basis, but there's not specifically a
12:53 3	2016, with you or near you?	12:56 3	rheumatoid arthritis clinic.
12:53 4	A. No.	12:56 4	Q. How would an inmate get added to that
12:53 5	Q. Okay. We'll keep it up on the screen	12:56 5	specific medical clinic, where they could be seen
12:53 6	then.	12:56 6	on a regular basis for their rheumatoid arthritis?
12:53 7	Now, you mentioned that you hand this	12:56 7	A. At the discretion of the clinician, if
12:53 8	handbook to the people that you are training and go	12:57 8	they chose to see him in a structured clinic, such
12:53 9	through it with them. Are there particular	12:57 9	as the general medical clinic, they could do that
12:53 9 12:53 10	sections and I'll look at the table of	12:57 9 12:57 10	as the general medical clinic, they could do that by assigning them to the clinic. That would be
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12:53 10	sections and I'll look at the table of	12:57 10	by assigning them to the clinic. That would be
12:53 10 12:53 11	sections and I'll look at the table of context that you go through with physicians?	12:57 10 12:57 11	by assigning them to the clinic. That would be something written that would indicate them to be
12:53 10 12:53 11 12:53 12	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask	12:57 10 12:57 11 12:57 12	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic.
12:53 10 12:53 11 12:53 12 12:53 13	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them	12:57 10 12:57 11 12:57 12 12:57 13	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them?	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes.
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18 12:54 19	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them? A. Yes.	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18 12:57 19	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes. Q. I just highlighted a particular passage
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12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18 12:54 19 12:54 20 12:54 21	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them? A. Yes. Q. Okay. To make things easier, when I refer to it, I'll highlight it so you can see what	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18 12:57 19 12:58 20 12:58 21	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes. Q. I just highlighted a particular passage on page 5. Do you see this reads, Wexford Health has an extensive manual on chronic care clinics to
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18 12:54 19 12:54 20 12:54 21 12:54 22	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them? A. Yes. Q. Okay. To make things easier, when I refer to it, I'll highlight it so you can see what I'm talking about.	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18 12:57 19 12:58 20 12:58 21 12:58 22	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes. Q. I just highlighted a particular passage on page 5. Do you see this reads, Wexford Health has an extensive manual on chronic care clinics to help you with the management of these disease
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18 12:54 20 12:54 21 12:54 22 12:54 23	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them? A. Yes. Q. Okay. To make things easier, when I refer to it, I'll highlight it so you can see what I'm talking about. A. Okay. Could I ask for maybe one more	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18 12:57 19 12:58 20 12:58 21 12:58 22 12:58 23	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes. Q. I just highlighted a particular passage on page 5. Do you see this reads, Wexford Health has an extensive manual on chronic care clinics to help you with the management of these disease states. Do you see that part?
12:53 10 12:53 11 12:53 12 12:53 13 12:53 14 12:53 15 12:53 16 12:53 17 12:54 18 12:54 19 12:54 20 12:54 21 12:54 22	sections and I'll look at the table of context that you go through with physicians? A. No. I hand it to them in advance, ask them to read it, and then I go over it with them page by page or section by section and ask give them the opportunity of asking any questions relative to those areas. Q. Okay. Just so I understand, you go over the entire handbook with them? A. Yes. Q. Okay. To make things easier, when I refer to it, I'll highlight it so you can see what I'm talking about.	12:57 10 12:57 11 12:57 12 12:57 13 12:57 14 12:57 15 12:57 16 12:57 17 12:57 18 12:57 19 12:58 20 12:58 21 12:58 22	by assigning them to the clinic. That would be something written that would indicate them to be added to the general medical clinic. Q. In your experience, if a patient was experiencing active symptoms with regards to rheumatoid arthritis, would you find it acceptable for a physician to refer them to the general medical clinic? A. Yes. Q. I just highlighted a particular passage on page 5. Do you see this reads, Wexford Health has an extensive manual on chronic care clinics to help you with the management of these disease

	Page 105		Page 107
12:58 1	Q. Is there a manual for the general	13:03 1	A. To define what the condition is and what
12:58 2	medical clinic?	13:03 2	the course of action should be. The time of when
12:58 3	A. No.	13:03 3	the illness developed would be relevant and it
12:58 4	Q. As you sit here today, do you know of a	13:03 4	would the decision of treatment would be
12:58 5	manual that specifically references how to care for	13:03 5	impacted by their current incarceration status.
12:58 6	patients with rheumatoid arthritis?	13:03 6	So some conditions that are longstanding
12:58 7	A. No. Not a manual, no.	13:03 7	would the impact of incarceration would impact
12:58 8	Q. You are saying not a manual. Is there	13:03 8	on the decision of treatment or what type of
12:58 9	other documentation?	13:03 9	treatment would be relevant.
12:58 10	A. It may be in the medical guidelines. It	13:04 10	Q. So let's go to letter F. How long is
12:58 11	may be mentioned in the medical guidelines. I	13:04 11	the inmate's sentence? When will he or she be
12:59 12	don't know that offhand. I did not have time to	13:04 12	released? Why is that an important variable to
12:59 13	review that.	13:04 13	consider when deciding a course of treatment?
12:59 14	Q. Is that something that you would	13:04 14	A. There's something in medicine called
12:59 15	typically review?	13:04 15	continuity of care. That is when a condition is
12:59 16	A. Review in what sphere, in what setting?	13:04 16	treated, the effort should be made to complete the
12:59 17	Q. In preparation for a deposition.	13:04 17	course of treatment, so that if a person has a
12:59 18	A. I would review all information that was	13:04 18	complication, they are under the same care of the
12:59 19	provided and relative to the deposition, so, yes, I	13:04 19	same provider. Incarceration for most instances is
12:59 20	would generally review that, if I had the time.	13:04 20	a temporary housing situation, where they are
12:59 21	Q. Now moving on to page 6 of Exhibit	13:04 21	housed from a place where they don't reside. So
13:00 22	No. 2. I highlighted a particular paragraph.	13:04 22	should they have a complication from treatment or
13:00 23	Sorry. My computer is being give me one second.	13:05 23	should their release not allow the treatment to be
13:01 24	A. Sure. It's way too small. You are	13:05 24	completed, that could negatively impact on their
	Page 106		Page 108
13:01 1	Page 106 going to have to blow it up, but I do see it, that	13:05 1	Page 108 care.
13:01 1 13:01 2		13:05 1 13:05 2	
	going to have to blow it up, but I do see it, that		care.
13:01 2	going to have to blow it up, but I do see it, that it is there.	13:05 2	care. For example, this comes up for treatment
13:01 2 13:01 3	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said?	13:05 2 13:05 3	care. For example, this comes up for treatment for Hepatitis C, which is a very costly treatment,
13:01 2 13:01 3 13:01 4	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please.	13:05 2 13:05 3 13:05 4	care. For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community
13:01 2 13:01 3 13:01 4 13:01 5	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay.	13:05 2 13:05 3 13:05 4 13:05 5	care. For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral
13:01 2 13:01 3 13:01 4 13:01 5 13:01 6	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6	care. For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that
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13:01 2 13:01 3 13:01 4 13:01 5 13:01 6 13:01 7 13:01 8	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting cut off, as it's getting larger. Q. Let me I know what I can do. Okay.	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6 13:05 7 13:05 8	care. For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that treatment interrupted, and knowing that a person is going to be released would be a reason not to
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13:01 2 13:01 3 13:01 4 13:01 5 13:01 6 13:01 7 13:01 8 13:02 9 13:02 10 13:02 11 13:02 12 13:02 13	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting cut off, as it's getting larger. Q. Let me — I know what I can do. Okay. Can you see it now? A. Yes. Q. Now, I highlighted a particular passage, and I'm going to start reading below that passage though and then come back to it.	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6 13:05 7 13:05 8 13:05 9 13:05 10 13:05 11 13:05 12 13:05 13	For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that treatment interrupted, and knowing that a person is going to be released would be a reason not to implement treatment while they are incarcerated because it would actually worsen the illness when it was incompletely treated. It could cause a viral resistance to occur. Similarly, if a person is not there to
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13:01 2 13:01 3 13:01 4 13:01 5 13:01 6 13:01 7 13:01 8 13:02 9 13:02 10 13:02 11 13:02 12 13:02 13 13:02 14 13:02 15 13:02 16 13:02 17 13:02 18 13:02 19 13:02 20	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting cut off, as it's getting larger. Q. Let me I know what I can do. Okay. Can you see it now? A. Yes. Q. Now, I highlighted a particular passage, and I'm going to start reading below that passage though and then come back to it. A. Okay. Q. Starting with what is marked as A, Many variables must be considered when deciding a course of treatment. These include but are not limited to the following. Did I read that accurately? A. Yes. Q. Now, I'm going to skip down to letter D.	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6 13:05 7 13:05 8 13:05 9 13:05 10 13:05 11 13:05 12 13:05 13 13:06 14 13:06 15 13:06 16 13:06 17 13:06 18 13:06 19 13:06 20	For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that treatment interrupted, and knowing that a person is going to be released would be a reason not to implement treatment while they are incarcerated because it would actually worsen the illness when it was incompletely treated. It could cause a viral resistance to occur. Similarly, if a person is not there to have the treatment completed, it would be you know, for example, in surgery, the physician would need to know that the person was in the facility or in custody for a procedure to be done and scheduled. It often takes months before a procedure can be with all of the necessary preoperative things that need to be done and the
13:01 2 13:01 3 13:01 4 13:01 5 13:01 6 13:01 7 13:01 8 13:02 9 13:02 10 13:02 11 13:02 12 13:02 13 13:02 14 13:02 15 13:02 16 13:02 17 13:02 18 13:02 19 13:02 20 13:02 21	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting cut off, as it's getting larger. Q. Let me I know what I can do. Okay. Can you see it now? A. Yes. Q. Now, I highlighted a particular passage, and I'm going to start reading below that passage though and then come back to it. A. Okay. Q. Starting with what is marked as A, Many variables must be considered when deciding a course of treatment. These include but are not limited to the following. Did I read that accurately? A. Yes. Q. Now, I'm going to skip down to letter D. Letter D is, Whether the problem initiated in the	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6 13:05 7 13:05 8 13:05 9 13:05 10 13:05 11 13:05 12 13:05 13 13:06 14 13:06 15 13:06 16 13:06 17 13:06 18 13:06 19 13:06 20 13:06 21	For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that treatment interrupted, and knowing that a person is going to be released would be a reason not to implement treatment while they are incarcerated because it would actually worsen the illness when it was incompletely treated. It could cause a viral resistance to occur. Similarly, if a person is not there to have the treatment completed, it would be you know, for example, in surgery, the physician would need to know that the person was in the facility or in custody for a procedure to be done and scheduled. It often takes months before a procedure can be with all of the necessary preoperative things that need to be done and the scheduling, you would not want the person to be
13:01 2 13:01 3 13:01 4 13:01 5 13:01 6 13:01 7 13:01 8 13:02 9 13:02 10 13:02 11 13:02 12 13:02 13 13:02 14 13:02 15 13:02 16 13:02 17 13:02 18 13:02 19 13:02 20 13:02 21 13:03 22	going to have to blow it up, but I do see it, that it is there. Q. I need to blow it up, is what you said? A. Yes. Yes, please. Q. Okay. A. Now what is happening is, it's getting cut off, as it's getting larger. Q. Let me — I know what I can do. Okay. Can you see it now? A. Yes. Q. Now, I highlighted a particular passage, and I'm going to start reading below that passage though and then come back to it. A. Okay. Q. Starting with what is marked as A, Many variables must be considered when deciding a course of treatment. These include but are not limited to the following. Did I read that accurately? A. Yes. Q. Now, I'm going to skip down to letter D. Letter D is, Whether the problem initiated in the Department of Corrections or prior to	13:05 2 13:05 3 13:05 4 13:05 5 13:05 6 13:05 7 13:05 8 13:05 9 13:05 10 13:05 11 13:05 12 13:05 13 13:06 14 13:06 15 13:06 16 13:06 17 13:06 18 13:06 19 13:06 20 13:06 21 13:06 22	For example, this comes up for treatment for Hepatitis C, which is a very costly treatment, and it is generally not accessible in the community because of its cost. But because it's a viral illness, it has an adverse result to have that treatment interrupted, and knowing that a person is going to be released would be a reason not to implement treatment while they are incarcerated because it would actually worsen the illness when it was incompletely treated. It could cause a viral resistance to occur. Similarly, if a person is not there to have the treatment completed, it would be you know, for example, in surgery, the physician would need to know that the person was in the facility or in custody for a procedure to be done and scheduled. It often takes months before a procedure can be with all of the necessary preoperative things that need to be done and the scheduling, you would not want the person to be released shortly before surgery or not have the

	Page 109		Page 111
13:06 1	length of time that the person will be a patient of	13:09 1	saying that right?
13:06 2	the physician is relevant.	13:09 2	A. Yes. You got that one right. Very
13:06 3	Q. Is that consideration relevant when it	13:09 3	good.
13:06 4	comes to treatment for rheumatoid arthritis, in	13:09 4	Q. Do you know if that is available in the
13:07 5	particular prescribing methotrexate?	13:09 5	commissary at
13:07 6	A. It may. If I had a patient who was soon	13:09 6	A. No.
13:07 7	going to be released, I probably would not start	13:09 7	Q. Sorry. Go ahead.
13:07 8	them on methotrexate because it's an	13:09 8	A. I cut you off, but you were saying is it
13:07 9	immunosuppressive drug that requires monitoring,	13:09 9	available at the commissary?
13:07 10	and it could potentially harm a patient where they	13:09 10	Q. Yeah. I asked, is it available at the
13:07 11	likely will not have access to a provider in the	13:09 11	commissary?
13:07 12	community. But it would depend on the individual	13:09 12	A. No. No, it is a prescription drug. It
13:07 13	circumstance. If the person said they did have a	13:10 13	is not available in the commissary. It can only be
13:07 14	physician which most of them don't, but if they	13:10 14	issued with a prescription by a physician or a
13:07 15	happened to say they would, then I would not have	13:10 15	provider.
13:07 16	that concern.	13:10 16	Q. And walk me through how the inmates, if
13:07 17	But there is concern, particular	13:10 17	they are prescribed that medicine, how would they
13:07 18	concern, with that medication because of its	13:10 18	receive it then?
13:08 19	immunosuppressive it depresses the person's	13:10 19	A. They would receive it from a nurse that
13:08 20	resistance against fighting off infections. And,	13:10 20	would either provide it on a daily basis and most
13:08 21	again, it would depend on a number of other	13:10 21	likely would be provided that way. Or it can be
13:08 22	factors. The general health of the patient, their	13:10 22	issued on what is called a blister pack, which is a
13:08 23	age. There's a number of factors that would be	13:10 23	card that has little bays of the medication, where
13:08 24	considered and impact on my decision to treat	13:10 24	the patient pushes through the plastic bay and it
	Page 110		Page 112
13:08 1	somebody or not.	13:10 1	pops out the back through foil, and they would take
13:08 2			
13.00 2	 Q. Okay. And in a similar scenario where 	13:10 2	it themselves. It depends on how the physician
13:08 2	Q. Okay. And in a similar scenario where someone is temporarily transferred to a facility	13:10 2 13:10 3	it themselves. It depends on how the physician would order it. This medication generally is a
	•		1 1 7
13:08 3	someone is temporarily transferred to a facility	13:10 3	would order it. This medication generally is a
13:08 3 13:08 4	someone is temporarily transferred to a facility but that is not their home facility, would you	13:10 3 13:10 4	would order it. This medication generally is a witness dose medication or a nurse administered
13:08 3 13:08 4 13:08 5	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back	13:10 3 13:10 4 13:11 5	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication,
13:08 3 13:08 4 13:08 5 13:08 6	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility?	13:10 3 13:10 4 13:11 5 13:11 6	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example.
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons,
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13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less
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13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for
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13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system.
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay.
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17 13:09 18	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's not a strict consideration. It's not something	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17 13:11 18	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay. A. That is not a side effect. That is a
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17 13:09 18 13:09 19	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's not a strict consideration. It's not something that would always be done. Again, it would depend	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17 13:11 18 13:11 19	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay. A. That is not a side effect. That is a result of taking the medication and a concern,
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17 13:09 18 13:09 19 13:09 20	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's not a strict consideration. It's not something that would always be done. Again, it would depend on what the medication was, what the purpose of the	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17 13:11 18 13:11 19 13:11 20	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay. A. That is not a side effect. That is a result of taking the medication and a concern, therefore, of the medication or the use of the
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17 13:09 18 13:09 19 13:09 20 13:09 21	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's not a strict consideration. It's not something that would always be done. Again, it would depend on what the medication was, what the purpose of the medication was, how much the person needed the	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17 13:11 18 13:11 19 13:11 20 13:11 21	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay. A. That is not a side effect. That is a result of taking the medication and a concern, therefore, of the medication or the use of the medication.
13:08 3 13:08 4 13:08 5 13:08 6 13:08 7 13:08 8 13:08 9 13:08 10 13:08 11 13:08 12 13:08 13 13:08 14 13:09 15 13:09 16 13:09 17 13:09 18 13:09 19 13:09 20 13:09 21 13:09 22	someone is temporarily transferred to a facility but that is not their home facility, would you delay prescribing methotrexate until they got back to their home facility? A. Perhaps. It depended on where they were transferred and how long before they were going to be released. Whenever there's transition, it opens up the door for something not going right. It just increases the possibility of miscommunication of that. So there is a general principle that you try to you take those factors into consideration, and it's best to have the person at one site for treatment with oversight of one provider rather than adding other people, but it's not a strict consideration. It's not something that would always be done. Again, it would depend on what the medication was, what the purpose of the medication, you know, what the all of those	13:10 3 13:10 4 13:11 5 13:11 6 13:11 7 13:11 8 13:11 9 13:11 10 13:11 11 13:11 12 13:11 13 13:11 14 13:11 15 13:11 16 13:11 17 13:11 18 13:11 19 13:11 20 13:11 21 13:11 22	would order it. This medication generally is a witness dose medication or a nurse administered medication rather than a keep-on-person medication, as the other example. Q. For methotrexate, if it's issued on a daily basis and you skip doses for various reasons, in your experience, are there side effects? A. There are not side effects. It's less effective because the medication is not in the system, but it would actually be the opposite. There would be less side effects or potential for side effects if it's not taken. The side effects arise from taking the medication, and invariably it depresses the immune system. Q. Okay. A. That is not a side effect. That is a result of taking the medication and a concern, therefore, of the medication or the use of the medication. Q. We are now moving on to page 7 of

	Page 113		Page 115
13:12 1	Are you familiar with the National	13:15 1	Q. Now, on page 9 of Exhibit 2 and I'm
13:12 2	Commission on Correctional Health Care standards?	13:15 2	highlighting the passage for you. So this is
13:12 3	A. Yes.	13:15 3	Section I on page 9 of Exhibit 2. And the passage
13:12 4	Q. And are the most recent standards	13:15 4	that I highlighted says, At your disposal are two
13:12 5	provided to the physicians that work at your sites?	13:15 5	cardiologists, a Hepatitis C and infectious disease
13:12 6	A. They may have the standards at the	13:15 6	specialist, a nephrologist, a rheumatologist, an
13:12 7	facility, but many of them have them have	13:16 7	internist, a family practice physician, and a wound
13:12 8	obtained them on their own because they have the	13:16 8	care specialist. Did I read that accurately?
13:12 9	certification, the CCHP certification, and the	13:16 9	A. Yes.
13:13 10	standards are part of the certification. Review of	13:16 10	Q. Who is the rheumatologist that you would
13:13 11	them is necessary for the certification. Most of	13:16 11	go to for your region?
13:13 12	our providers are CCHP certified.	13:16 12	A. I'm not sure I understand the question.
13:13 13	Q. Do you recall whether Dr. Obaisi was	13:16 13	What do you mean in my region?
13:13 14	CCHP certified?	13:16 14	Q. I'm sorry. I missed the last part of
13:13 15	A. No, I don't recall.	13:16 15	your response.
13:13 16	Q. What about the American Correctional	13:16 16	A. I'm not sure what you mean by "the
13:13 17	Association standards, are your physicians provided	13:16 17	rheumatologist in my region."
13:13 18	with those standards?	13:16 18	Q. Okay. Let me ask a better question.
13:13 19	A. They may be at the site, at the	13:16 19	Who are these corporate medical
13:13 20	facility. We do not provide them directly as a	13:16 20	directors that are referred to on page 9?
13:13 21	company policy. We do not provide those standards.	13:16 21	A. There's a number of corporate medical
13:13 22	The facility may have them at the site, but we	13:17 22	directors, so they would be situated in the
13:13 23	don't provide them.	13:17 23	corporate office in Pittsburgh.
13:13 24	Q. Okay. Now, there's something in	13:17 24	Q. And is one of them a rheumatologist?
	D 114		D 116
	Page 114		Page 116
13:14 1	Section IV referred to as the negotiated health	13:17 1	A. A rheumatologist was not a corporate
13:14 2	Section IV referred to as the negotiated health service contract. Do you see that?	13:17 2	A. A rheumatologist was not a corporate medical director. He was a physician, but he was
13:14 2 13:14 3	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes.	13:17 2 13:17 3	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director.
13:14 2 13:14 3 13:14 4	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that?	13:17 2 13:17 3 13:17 4	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then?
13:14 2 13:14 3 13:14 4 13:14 5	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between	13:17 2 13:17 3 13:17 4 13:17 5	 A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might
13:14 2 13:14 3 13:14 4 13:14 5 13:14 6	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between Wexford, the Illinois Department of Corrections,	13:17 2 13:17 3 13:17 4 13:17 5 13:17 6	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might actually be on the bottom of the document, if you
13:14 2 13:14 3 13:14 4 13:14 5 13:14 6 13:14 7	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between Wexford, the Illinois Department of Corrections, and Health and Family Services.	13:17 2 13:17 3 13:17 4 13:17 5 13:17 6 13:18 7	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might actually be on the bottom of the document, if you go all of the way to the end, if you want to do
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13:14 2 13:14 3 13:14 4 13:14 5 13:14 6 13:14 7 13:14 8 13:14 9 13:14 10 13:14 11 13:14 12 13:14 13 13:14 13	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between Wexford, the Illinois Department of Corrections, and Health and Family Services. Q. And are the physicians provided with a copy of that contract? A. It is at the facility. It is also online, yes. Q. You said it's also online? A. Yes. Q. Okay. Do you have separate employment agreements with each of the physicians that are	13:17 2 13:17 3 13:17 4 13:17 5 13:17 6 13:18 7 13:18 8 13:18 9 13:18 10 13:18 11 13:18 12 13:18 13 13:18 14 13:18 15	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might actually be on the bottom of the document, if you go all of the way to the end, if you want to do that. I believe it's listed there. Q. All of the way at the end of the document; is that what you are saying? A. Yes. I believe if you go all of the way to the end, his name would be listed with the extension or contact number. Q. Okay. When we get to that part, I'll show it to you and ask you
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13:14 2 13:14 3 13:14 4 13:14 5 13:14 6 13:14 7 13:14 8 13:14 10 13:14 11 13:14 11 13:14 12 13:14 13 13:14 14 13:14 15 13:14 15 13:14 17	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between Wexford, the Illinois Department of Corrections, and Health and Family Services. Q. And are the physicians provided with a copy of that contract? A. It is at the facility. It is also online, yes. Q. You said it's also online? A. Yes. Q. Okay. Do you have separate employment agreements with each of the physicians that are employed at the site? A. Yes.	13:17 2 13:17 3 13:17 4 13:17 5 13:17 6 13:18 7 13:18 8 13:18 9 13:18 10 13:18 11 13:18 12 13:18 13 13:18 14 13:18 15 13:18 16	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might actually be on the bottom of the document, if you go all of the way to the end, if you want to do that. I believe it's listed there. Q. All of the way at the end of the document; is that what you are saying? A. Yes. I believe if you go all of the way to the end, his name would be listed with the extension or contact number. Q. Okay. When we get to that part, I'll show it to you and ask you A. Okay. Q if it jogs your memory.
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13:14 2 13:14 3 13:14 4 13:14 5 13:14 6 13:14 7 13:14 8 13:14 10 13:14 10 13:14 11 13:14 12 13:14 13 13:14 15 13:14 15 13:14 16 13:14 17 13:14 18 13:14 19 13:14 20 13:14 21 13:14 22	Section IV referred to as the negotiated health service contract. Do you see that? A. Yes. Q. Okay. What is that? A. That is the contract that exists between Wexford, the Illinois Department of Corrections, and Health and Family Services. Q. And are the physicians provided with a copy of that contract? A. It is at the facility. It is also online, yes. Q. You said it's also online? A. Yes. Q. Okay. Do you have separate employment agreements with each of the physicians that are employed at the site? A. Yes. Q. And do you have separate employment agreements with each of the nurses that are employed at the site? A. Yes. Q. I assume those are written agreements;	13:17 2 13:17 3 13:17 4 13:17 5 13:17 6 13:18 7 13:18 8 13:18 10 13:18 11 13:18 12 13:18 13 13:18 14 13:18 15 13:18 16 13:18 17 13:18 18 13:18 19 13:19 20 13:19 21 13:19 22	A. A rheumatologist was not a corporate medical director. He was a physician, but he was not a medical director. Q. So who is that rheumatologist then? A. His name escapes me right now. It might actually be on the bottom of the document, if you go all of the way to the end, if you want to do that. I believe it's listed there. Q. All of the way at the end of the document; is that what you are saying? A. Yes. I believe if you go all of the way to the end, his name would be listed with the extension or contact number. Q. Okay. When we get to that part, I'll show it to you and ask you A. Okay. Q if it jogs your memory. So we are on page 12 of Exhibit No. 2, and under Interview Techniques, No. 2 says, Have as much knowledge as possible at hand when you start the interview. Review the inmate chart (if one is available). A few minutes of chart review will

	Page 117		Page 119
13:19 1	A. Just a second, please. My computer is	13:23 1	Q. Okay. And what is the purpose behind
13:19 2	telling me my battery is running low. I have to	13:23 2	this recommendation in particular, those two
13:19 3	make sure that I'm plugged in here.	13:23 2	sentences that I read?
13:20 4	Okay. I think I'm plugged in now. I'm	13:23 4	A. So some patients can be suggested to
13:20 5	sorry. Could you please repeat the last question?	13:23 5	have an illness from symptoms that are explained by
13:20 6	Q. Yes, I can. So I was reading under	13:23 6	a clinician. About a third of our population have
13:20 7	Section B, Interview Techniques, No. 2 says, have	13:23 7	mental illness, and that population or patients who
13:19 8	as much knowledge as possible at hand when you	13:23 8	have mental illness can are suggestible to be
13:19 9	start the interview. Review the inmate chart (if	13:23 9	to sometimes believe they have symptoms that are
13:19 10	one is available). A few minutes of chart review	13:23 10	suggested from an interview. So in our for that
13:19 11	will save you considerable duplication of work and	13:23 11	reason, that is why this statement is written.
13:19 12	evaluation. Did I read that accurately?	13:24 12	It's advised not to suggest symptoms, but rather to
13:20 13	A. Yes.	13:24 13	ask open-ended questions of what a person has. Not
13:20 14	Q. During your time as the regional medical	13:24 14	suggest, for example, do you have this? Because a
13:20 14	director, have the inmate charts been in paper	13:24 15	tendency in some patients is to answer yes to any
13:20 15	format?	13:24 16	question.
13:20 10		13:24 17	•
13:20 17	A. Yes. The majority of them have been, except for the female system, which is on a	13:24 17	Q. Okay. And so in that situation, in your
13:20 19	computerized system.	13:24 19	experience, are there times where an inmate may
13:20 20	1	13:24 20	have symptoms that could help your diagnosis but
13:20 20	Q. Can you say that last part one more time?	13:24 20	just doesn't know to verbalize those particular
13:20 21		13:24 22	symptoms?
13:20 22	A. The female sites are computerized, but	13:24 22	A. No. I would say they may not be able to
13:21 24	the male sites, which are the majority, are paper.	13:25 24	explain it in the way that is another person might be able to, but they are able to communicate
13.21 24	Q. I want to scroll up. So one of the	13.23 24	might be able to, but they are able to communicate
	Page 118		Page 120
13:21 1	Page 118 things that I have seen in this handbook a couple	13:25 1	Page 120 what their symptom is, just using different words
13:21 1 13:21 2		13:25 1 13:25 2	
	things that I have seen in this handbook a couple		what their symptom is, just using different words
13:21 2	things that I have seen in this handbook a couple of times is references to inmates and manipulation.	13:25 2	what their symptom is, just using different words that you might see from another person.
13:21 2 13:21 3	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training	13:25 2 13:25 3	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any
13:21 2 13:21 3 13:21 4	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this?	13:25 2 13:25 3 13:25 4	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to
13:21 2 13:21 3 13:21 4 13:21 5	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in	13:25 2 13:25 3 13:25 4 13:25 5	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients.	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are — this is a general guideline. It does not apply, as the preface states, to every specific patient.
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them?	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they
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13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative.	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page.	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15 13:26 16	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification?
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15 13:26 16 13:26 17	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes.
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17 13:22 18	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight some text from that. So No. 8 says the first	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15 13:26 16 13:26 17 13:26 18	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes. Q. I'm going to highlight the first
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17 13:22 18 13:22 19	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight some text from that. So No. 8 says the first three words are in all caps DO NOT EVER explain	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15 13:26 16 13:26 17 13:26 18 13:26 19	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes. Q. I'm going to highlight the first sentence of the second paragraph, which reads,
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17 13:22 18 13:22 19 13:22 19	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight some text from that. So No. 8 says the first three words are in all caps DO NOT EVER explain symptoms you would expect to see to confirm a	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 16 13:26 17 13:26 18 13:26 19 13:26 20	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes. Q. I'm going to highlight the first sentence of the second paragraph, which reads, Within 14 days following the intake screening, a
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17 13:22 18 13:22 19 13:23 20 13:23 21	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight some text from that. So No. 8 says the first three words are in all caps DO NOT EVER explain symptoms you would expect to see to confirm a diagnosis to an inmate. If you should, those	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:25 14 13:26 15 13:26 16 13:26 17 13:26 18 13:26 19 13:26 20 13:26 21	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes. Q. I'm going to highlight the first sentence of the second paragraph, which reads, Within 14 days following the intake screening, a complete history and physical examination should be
13:21 2 13:21 3 13:21 4 13:21 5 13:21 6 13:21 7 13:21 8 13:22 9 13:22 10 13:22 11 13:22 12 13:22 13 13:22 14 13:22 15 13:22 16 13:22 17 13:22 18 13:22 19 13:23 20 13:23 21 13:23 22	things that I have seen in this handbook a couple of times is references to inmates and manipulation. Why is it important when you are training physicians to discuss this? A. Because it's a consideration in treatment of a patient, that some can be manipulative, and that is a factor that is considered in treating patients. Q. And how is that factor considered in treating them? A. It's a factor that is considered in determining what treatment should be appropriate for a specific patient, so it is something that is relevant in interactions with a patient, that one would consider that they may be manipulative. Q. Okay. Let's move on to the next page. So I'm looking at No. 8, and I'm going to highlight some text from that. So No. 8 says — the first three words are in all caps — DO NOT EVER explain symptoms you would expect to see to confirm a diagnosis to an inmate. If you should, those symptoms will likely be present with the next	13:25 2 13:25 3 13:25 4 13:25 5 13:25 6 13:25 7 13:25 8 13:25 9 13:25 10 13:25 11 13:25 12 13:25 13 13:26 16 13:26 17 13:26 18 13:26 19 13:26 20 13:26 21 13:26 22	what their symptom is, just using different words that you might see from another person. So, no, I don't think that there's any restriction or limitation on a person being able to express those symptoms, and if the physician thought that, they could ask the question or suggest something. These are this is a general guideline. It does not apply, as the preface states, to every specific patient. Q. So in your experience physicians might ask questions about particular symptoms if they thought it was appropriate? A. Yes. Yes, absolutely. Q. Moving on to page 15 of Exhibit No. 2, and at the top, Section I is Intake Reception and Classification? A. Yes. Q. I'm going to highlight the first sentence of the second paragraph, which reads, Within 14 days following the intake screening, a complete history and physical examination should be completed, including whatever routine and other

	Page 121		Page 123
13:26 1	read that accurately?	13:29 1	an approval for a rheumatology visit, for one, and
13:26 2	A. Yes.	13:29 2	then there were some others. It must have been
13:26 3	Q. Is it fair to say that you would expect	13:29 3	because he had some specialized testing, MRIs.
13:27 4	each inmate to have a full complete history and	13:30 4	There must have been. I just don't recall them,
13:27 5	examination in their file from their intake?	13:30 5	but they must be in there.
13:27 6	A. Yes, except if they refused it.	13:30 6	Q. And did you see both the corporate
13:27 7	Q. How often do inmates refuse it, in your	13:30 7	documentation and the progress notes with regards
13:27 8	experience?	13:30 8	to the collegial review?
13:27 9	A. The intake physical, not that commonly,	13:30 9	A. Yes.
13:27 10	or they may refuse a part of it. There's an	13:30 10	Q. Okay. We are now on the last page, and
13:27 11	unpleasant exam that used to be part of the exam,	13:31 11	I just wanted to come to this page of Exhibit No. 2
13:27 12	called a rectal exam. That is commonly refused,	13:31 12	to see if one of these names rung a bell for the
13:27 13	but the entire exam, just a few percent will refuse	13:31 13	rheumatologist?
13:27 14	the exam completely.	13:31 14	A. Yeah. Is there another part to it?
13:27 15	Q. Okay. Going to page 17 of Exhibit	13:31 15	These are the other people that would have been
13:28 16	No. 2. I'm highlighting the last sentence of the	13:31 16	referenced in that paragraph, but the
13:28 17	first paragraph on that page that reads, If you, as	13:31 17	rheumatologist I think his name was Breen,
13:28 18	responsible physician, believe specialty services	13:31 18	B-r-e-e-n, if I recall correctly. Does it continue
13:28 19	are indicated and identify a medical need, the case	13:31 19	onto the next page or no?
13:28 20	must be discussed in collegial review. Please	13:31 20	Q. This is all I have.
13:28 21	review the utilization management policies and	13:31 21	A. It's not there.
13:28 22	procedures for all off-site care. Did I read that	13:31 22	Q. So it possibly does.
13:28 23	accurately?	13:31 23	A. He's not added, but they don't list it
13:28 24	A. Yes.	13:31 24	here.
	Page 122		Page 124
13:28 1	Page 122 Q. Now, as we discussed earlier, the	13:31 1	Page 124 Q. Okay. Well, I will stop sharing my
13:28 1 13:28 2	5	13:31 1 13:31 2	_
	Q. Now, as we discussed earlier, the		Q. Okay. Well, I will stop sharing my
13:28 2	Q. Now, as we discussed earlier, the collegial review process is no longer in place as	13:31 2	Q. Okay. Well, I will stop sharing my screen.
13:28 2 13:28 3	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct?	13:31 2 13:31 3	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for
13:28 2 13:28 3 13:28 4	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct? A. Correct.	13:31 2 13:31 3 13:31 4	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for maybe just a five-minute bathroom break?
13:28 2 13:28 3 13:28 4 13:28 5	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct? A. Correct. Q. But for the entire time that you have	13:31 2 13:31 3 13:31 4 13:32 5	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for maybe just a five-minute bathroom break? MS. REED: Yes, that is fine.
13:28 2 13:28 3 13:28 4 13:28 5 13:28 6	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct? A. Correct. Q. But for the entire time that you have been medical director, so since 2005, up until	13:31 2 13:31 3 13:31 4 13:32 5 13:32 6	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for maybe just a five-minute bathroom break? MS. REED: Yes, that is fine. MR. LOMBARDO: Thank you very much.
13:28 2 13:28 3 13:28 4 13:28 5 13:28 6 13:28 7	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct? A. Correct. Q. But for the entire time that you have been medical director, so since 2005, up until about six months ago, the collegial review process	13:31 2 13:31 3 13:31 4 13:32 5 13:32 6 13:32 7	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for maybe just a five-minute bathroom break? MS. REED: Yes, that is fine. MR. LOMBARDO: Thank you very much. MS. REED: Let's go off the record.
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13:28 2 13:28 3 13:28 4 13:28 5 13:28 6 13:28 7 13:28 8 13:28 9 13:28 10 13:29 11 13:29 12 13:29 13 13:29 14 13:29 15 13:29 16 13:29 17 13:29 18 13:29 18 13:29 20 13:29 21 13:29 22	Q. Now, as we discussed earlier, the collegial review process is no longer in place as of today; is that correct? A. Correct. Q. But for the entire time that you have been medical director, so since 2005, up until about six months ago, the collegial review process was in place; is that correct? A. Nine months ago, yes. Q. Nine months ago. Okay. When a collegial review happens, is there any documentation that is made concerning the collegial review? A. Yes, there is. Q. And what is the documentation? A. From the physician's end, it would be in the progress notes, and from the corporate end, it would be in their records, their computer system. Q. And when you reviewed the records for the plaintiff's case, did you see documentation of a collegial review? A. Yes.	13:31 2 13:31 3 13:31 4 13:32 5 13:32 6 13:32 7 13:32 8 13:32 9 13:45 10 13:45 11 13:45 12 13:45 13 13:45 14 13:45 15 13:45 16 13:45 17 13:45 18 13:45 19 13:45 20 13:45 21 13:45 22	Q. Okay. Well, I will stop sharing my screen. MR. LOMBARDO: Would this be a good time for maybe just a five-minute bathroom break? MS. REED: Yes, that is fine. MR. LOMBARDO: Thank you very much. MS. REED: Let's go off the record. (WHEREUPON, a recess was had.) BY MS. REED: Q. Dr. Funk, do you understand that you are still under oath? A. I do. Q. Okay. Let's continue. Are inmates allowed to request treatment from an outside physician? A. They can request it, yes. Q. Then what happens after they request it? A. The physician evaluates them, if that request is appropriate or not, and then makes a decision accordingly. Q. And if the physician agrees with that request, then does it go up to the collegial

	Page 125		Page 127
13:45 1	Q. Is there any way to bypass the collegial	13:48 1	describe what that is?
13:46 2	review?	13:48 2	A. It's called a formulary. There are
13:46 3	A. Yes. There would be a way around that.	13:48 3	medications in specific groups that are preferred
13:46 4	Q. How is that?	13:48 4	for use by the company, so it's a company
13:46 5	A. Well, there's a few ways. So if it was	13:48 5	formulary.
13:46 6	an emergency, there's no collegial review for that,	13:48 6	Q. And how does the company determine which
13:46 7	or an urgent thing/matter. The physician would	13:48 7	medications are preferred for use?
13:46 8	have the latitude to do that.	13:48 8	A. By a vote from the physicians that
13:46 9	The agency medical director could	13:48 9	worked for Wexford. They determine which
13:46 10	authorize treatment or a procedure bypassing the	13:48 10	medications should be added or removed from the
13:46 11	collegial review, so those would be the common	13:49 11	formulary. There's a meeting that takes place, and
13:46 12	ways.	13:49 12	physicians and other clinicians will vote on what
13:46 13	Q. Okay. And once a collegial review	13:49 13	medications should be added or removed.
13:46 14	when it results in a yes for the physician and the	13:49 14	Q. So is it all the physicians that work
13:46 15	physician can refer out, how do you choose who the	13:49 15	for the company, or I guess how do you select which
13:46 16	case or the patient is referred to outside of	13:49 16	physicians vote?
13:46 17	Wexford?	13:49 17	A. It would be at the direction of the
13:46 18	A. The physician would determine which	13:49 18	corporate medical officer, and it's a select group
13:46 19	provider would be utilized, so there is a list of	13:49 19	of physicians and providers that would meet
13:46 20	providers that are a specialist that see our	13:49 20	specifically for that purpose.
13:47 21	patients, and the provider would choose which	13:49 21	Q. Okay. How does Wexford and you, in
13:47 22	doctor should see the patient.	13:49 22	particular, as a regional medical director, ensure
13:47 23	Q. Okay. Are there any restrictions on the	13:49 23	that your physicians are adhering to the standard
13:47 24	physician's choice of which provider should see the	13:49 24	of care with regards to particular diseases and
13:47 1	patient?	13:49 1	diagnoses?
13:47 2	A. No.	13:50 2	A. From reviewing and evaluating the
13:47 3	Q. So it's completely up to the physician's	13:50 3	decisions that they make on an ongoing basis.
13:47 4	discretion?		
_		I 13:50 4	O. Are your medical files and medical
13:47 5		13:50 4 13:50 5	Q. Are your medical files and medical decisions ever reviewed by outside physicians to
13:47 5 13:47 6	A. It's up to the physician, if he has a		decisions ever reviewed by outside physicians to
		13:50 5	·
13:47 6	A. It's up to the physician, if he has a choice. He may not have a preference. In some	13:50 5 13:50 6	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the
13:47 6 13:47 7	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and	13:50 5 13:50 6 13:50 7	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care?
13:47 6 13:47 7 13:47 8	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may	13:50 5 13:50 6 13:50 7 13:50 8	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those
13:47 6 13:47 7 13:47 8 13:47 9	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you
13:47 6 13:47 7 13:47 8 13:47 9 13:47 10	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient.	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying?
13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific — or request a specific physician to see the patient. Q. Okay. If the inmate has a specific	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes.
13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11 13:47 12	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient. Q. Okay. If the inmate has a specific physician in mind, someone they saw before or	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11 13:50 12	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes. A. And are you asking me if we engage
13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11 13:47 12 13:47 13	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient. Q. Okay. If the inmate has a specific physician in mind, someone they saw before or someone a family recommended, would the physician	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11 13:50 12 13:50 13	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes. A. And are you asking me if we engage physicians working to do those reviews or they are
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13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11 13:47 12 13:47 13 13:47 14 13:47 15 13:47 16 13:47 17 13:48 18 13:48 19 13:48 20	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient. Q. Okay. If the inmate has a specific physician in mind, someone they saw before or someone a family recommended, would the physician consider that as well? A. They would consider it. Generally, if a person had been seen, an effort would be made for the physician for the patient to return to that provider. But they can make a request, but it would not be a determination. They could not make that determination to see a specific person.	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11 13:50 12 13:50 13 13:50 14 13:50 15 13:50 16 13:50 17 13:50 18	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes. A. And are you asking me if we engage physicians working to do those reviews or they are done by other parties? Q. If Wexford engages physicians to review their employed physicians. A. No. All of the physicians that would review others would be employed or engaged by Wexford. Q. Okay. Are you familiar with what is
13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11 13:47 12 13:47 13 13:47 14 13:47 15 13:47 16 13:47 17 13:48 18 13:48 19 13:48 20 13:48 21	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient. Q. Okay. If the inmate has a specific physician in mind, someone they saw before or someone a family recommended, would the physician consider that as well? A. They would consider it. Generally, if a person had been seen, an effort would be made for the physician for the patient to return to that provider. But they can make a request, but it would not be a determination. They could not make that determination to see a specific person. Q. Okay. Are you familiar with the	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11 13:50 12 13:50 13 13:50 14 13:50 15 13:50 16 13:50 17 13:50 18 13:50 19 13:50 20 13:51 21	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes. A. And are you asking me if we engage physicians working to do those reviews or they are done by other parties? Q. If Wexford engages physicians to review their employed physicians. A. No. All of the physicians that would review others would be employed or engaged by Wexford. Q. Okay. Are you familiar with what is referred to as a sick call?
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13:47 6 13:47 7 13:47 8 13:47 9 13:47 10 13:47 11 13:47 12 13:47 13 13:47 14 13:47 15 13:47 16 13:48 18 13:48 19 13:48 20 13:48 21 13:48 22	A. It's up to the physician, if he has a choice. He may not have a preference. In some cases there may not be a preference for that, and he'll just say whoever is available, but he may express a specific or request a specific physician to see the patient. Q. Okay. If the inmate has a specific physician in mind, someone they saw before or someone a family recommended, would the physician consider that as well? A. They would consider it. Generally, if a person had been seen, an effort would be made for the physician for the patient to return to that provider. But they can make a request, but it would not be a determination. They could not make that determination to see a specific person. Q. Okay. Are you familiar with the approved medication list?	13:50 5 13:50 6 13:50 7 13:50 8 13:50 9 13:50 10 13:50 11 13:50 12 13:50 13 13:50 14 13:50 15 13:50 16 13:50 17 13:50 18 13:50 19 13:50 20 13:51 21 13:51 22	decisions ever reviewed by outside physicians to determine if your physicians are keeping to the standard of care? A. By outside physicians, you mean those that are not working for Wexford? Is that what you are saying? Q. Correct. Yes. A. And are you asking me if we engage physicians working to do those reviews or they are done by other parties? Q. If Wexford engages physicians to review their employed physicians. A. No. All of the physicians that would review others would be employed or engaged by Wexford. Q. Okay. Are you familiar with what is referred to as a sick call? A. Yes.

	Page 129		Page 131
13:51 1	A. Sick call is the term for a clinic	13:54 1	a string of documents and ask you questions about
13:51 2	visit, so it would be what an office visit	13:54 2	them, but that is I'm nearing the end. Once we
13:51 3	equivalent would be in the community.	13:54 3	get through these documents, we'll be close.
13:51 4	Q. In your experience, how are inmates able	13:55 4	MS. REED: Counsel, do you want me to continue
13:51 5	to request a sick call?	13:55 5	sending the exhibits in the chat?
13:51 6	A. The facility will define its procedure	13:55 6	MR. LOMBARDO: As long as you are screen
13:51 7	through something called an inmate or offender	13:55 7	sharing them, that is fine with me. I'm not using
13:51 8	handbook, which will explain to them the procedure	13:55 8	the ones in the chat, but thanks for asking.
13:51 9	for them to access sick call. Generally, for	13:55 9	BY MS. REED:
13:52 10	nonemergent matters, it entails a sick call request	13:55 10	Q. So I'll show you what will be marked as
13:52 11	slip, so the offender or the inmate will fill out	13:55 11	Exhibit No. 3. Can you see Exhibit No. 3?
13:52 12	the information, reason for his visit, and then	13:56 12	A. Yes.
13:52 13	that is submitted to the health care unit and then	13:56 13	Q. Okay. Exhibit No. 3 is an excerpt from
13:52 14	processed.	13:56 14	the Wexford guidelines, and it refers to urgent
13:52 15	Q. And how does the health care unit	13:56 15	requests. Do you see that?
13:52 16	process that request?	13:56 16	A. Yes.
13:52 17	A. A nurse reviews the request and then	13:56 17	Q. Okay. In particular, looking at the
13:52 18	refers it to the right source, or they may conduct	13:57 18	procedure, starting with A, If the site medical
13:52 19	what is called nurse sick call, where they may	13:57 19	director or designee determines a need for urgent
13:52 20	address common complaints by use of nursing	13:57 20	medical services, the site personnel submits the
13:52 21	treatment protocols.	13:57 21	request outlining need for urgent request to the UM
13:52 22	Q. To your knowledge, are there site	13:57 22	department via e-mail. The e-mail must include the
13:52 23	specific policies and procedures with regards to	13:57 23	word "urgent" in the subject heading to assist in
13:52 24	processing sick calls?	13:57 24	facilitating a timely response to the request.
	Page 130		Page 132
13:52 1	Page 130 A. Yes. Each site has its own process,	13:57 1	Page 132 And I stopped before I read the last
13:52 1 13:53 2		13:57 1 13:57 2	
	A. Yes. Each site has its own process,		And I stopped before I read the last
13:53 2	A. Yes. Each site has its own process, depending on the facility makeup, its needs, so	13:57 2	And I stopped before I read the last sentence, and I omitted a part in brackets. Other
13:53 2 13:53 3	A. Yes. Each site has its own process, depending on the facility makeup, its needs, so each site has its own specific policies.	13:57 2 13:57 3	And I stopped before I read the last sentence, and I omitted a part in brackets. Other than that, did I read that accurately?
13:53 2 13:53 3 13:53 4	A. Yes. Each site has its own process, depending on the facility makeup, its needs, so each site has its own specific policies.Q. And in your experience, are those	13:57 2 13:57 3 13:57 4	And I stopped before I read the last sentence, and I omitted a part in brackets. Other than that, did I read that accurately? A. Yes.
13:53 2 13:53 3 13:53 4 13:53 5	A. Yes. Each site has its own process, depending on the facility makeup, its needs, so each site has its own specific policies. Q. And in your experience, are those policies written policies?	13:57 2 13:57 3 13:57 4 13:57 5	And I stopped before I read the last sentence, and I omitted a part in brackets. Other than that, did I read that accurately? A. Yes. Q. What is the UM department? Is that the
13:53 2 13:53 3 13:53 4 13:53 5 13:53 6	 A. Yes. Each site has its own process, depending on the facility makeup, its needs, so each site has its own specific policies. Q. And in your experience, are those policies written policies? A. They would be written, yes, and they 	13:57 2 13:57 3 13:57 4 13:57 5 13:57 6	And I stopped before I read the last sentence, and I omitted a part in brackets. Other than that, did I read that accurately? A. Yes. Q. What is the UM department? Is that the utilization management department?
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13:53 2 13:53 3 13:53 4 13:53 5 13:53 6 13:53 7 13:53 8 13:53 9 13:53 10	A. Yes. Each site has its own process, depending on the facility makeup, its needs, so each site has its own specific policies. Q. And in your experience, are those policies written policies? A. They would be written, yes, and they could also be verbally communicated to the offenders, to the inmates. Generally, that is done at orientation when they arrive at the facility. Q. If you wanted to access a written policy	13:57 2 13:57 3 13:57 4 13:57 5 13:57 6 13:57 7 13:57 8	And I stopped before I read the last sentence, and I omitted a part in brackets. Other than that, did I read that accurately? A. Yes. Q. What is the UM department? Is that the utilization management department? A. Correct. Q. So when you were reviewing the file for
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	Page 133		Page 135
13:58 1	Q. So what you have go ahead.	14:03 1	what you just said, you have had a chance to review
13:58 2	A. It does not look like an e-mail, but	14:03 2	this particular grievance; is that correct?
13:58 3	it's their communication.	14:03 3	A. Yes, yes.
13:58 4	Q. When you say "their communication," do	14:03 4	Q. Do you see at the bottom of this, there
13:59 5	you mean the UM department's communication?	14:03 5	is a box that is marked Emergency Review?
13:59 6	A. Correct, yes.	14:03 6	A. Yes.
13:59 7	Q. Okay. And when you were looking at the	14:03 7	Q. And can you tell who that signature is
13:59 8	UM department communications, did you also see	14:03 8	for that?
13:59 9	communications from the site director, site medical	14:03 9	A. It appears to be Mr. Daniels' signature.
13:59 10	director in that?	14:03 10	Q. For the emergency review.
13:59 11	A. I'm sorry. Go ahead.	14:03 11	A. Yes. Where it says, Check only if an
13:59 12	Q. I guess what I want to understand is,	14:03 12	emergency grievance.
13:59 13	when you refer to the screen shots from the UM	14:03 13	Q. Sorry. We are on different sections.
13:59 14	department, do those screen shots include both	14:03 14	That is my fault. I am looking at the very bottom
13:59 15	sides of the communication or just the UM's	14:03 15	of page 1 of Exhibit 4.
13:59 16	response to something?	14:03 16	A. Okay.
13:59 17	A. It's the UM's summary of the	14:04 17	Q. Go ahead.
13:59 18	conversation, which includes the communication from	14:04 18	A. Could you please go up a little bit
13:59 19	the medical director.	14:04 19	higher? There's a black box. Stop there. Yeah,
13:59 20	Q. Does it include a summary of that	14:04 20	actually a little bit higher. I have a black box
13:59 21	communication, or is the verbatim communication	14:04 21	here that says, Introducing Zoom app. Can you go
13:59 22	attached to that?	14:04 22	up a little bit?
13:59 23	A. No, it's a summary. It is not verbatim,	14:04 23	Q. Yes. I think the problem is when I go
13:59 24	and there's nothing attached to it.	14:04 24	up a little bit, it just goes to the next page.
	Page 134		Page 136
13:59 1	Q. Okay. Now I'm going to mark Exhibit	14:04 1	A. Okay. So
14:00 2	No. 4. Dr. Funk, I'm going to blow this up a	14:04 2	0 7
11.00 2	110. 4. Dr. 1 dik, 1111 going to blow this up a	14.04 2	Q. Let me see if I can figure that out.
14:00 3	little bit. Can you see what I'm displaying as	14:04 2	Q. Let me see if I can figure that out. A. Let me see if I can X that box out. I
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14:00 3	little bit. Can you see what I'm displaying as	14:04 3	A. Let me see if I can X that box out. I
14:00 3 14:00 4	little bit. Can you see what I'm displaying as Exhibit No. 4?	14:04 3 14:04 4	A. Let me see if I can X that box out. I got it. It's gone.
14:00 3 14:00 4 14:00 5	little bit. Can you see what I'm displaying as Exhibit No. 4? A. Yes.	14:04 3 14:04 4 14:04 5	A. Let me see if I can X that box out. I got it. It's gone. Q. Okay.
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14:00 3 14:00 4 14:00 5 14:00 6 14:01 7 14:01 8 14:01 10 14:01 11 14:01 12 14:01 13 14:01 14 14:01 15 14:01 16 14:02 17 14:02 18 14:02 19 14:02 20 14:02 21	little bit. Can you see what I'm displaying as Exhibit No. 4? A. Yes. Q. Okay. Exhibit No. 4 is a grievance form from plaintiff. It's dated December 11, 2014. Does that appear accurate from your standpoint? A. Yes, it does, but yeah, I remember reviewing this. And I would be surprised if I was incorrect, but I don't believe the words urgent were on the top of it, at least the one that I reviewed. I actually have that here. I can look at that and verify it, to see if I'm right or not. Can I do that? Q. Yes. That is fine. A. Okay. I'm wrong. First time it happened. No, actually, that is correct. It did say "urgent" on top. The other ones did not have that written, but this is an accurate copy. Q. Okay.	14:04 3 14:04 4 14:04 5 14:04 6 14:04 7 14:04 8 14:04 9 14:04 10 14:05 11 14:05 12 14:05 13 14:05 14 14:06 15 14:06 17 14:06 18 14:06 19 14:06 20 14:06 21	A. Let me see if I can X that box out. I got it. It's gone. Q. Okay. A. Yeah. So the name Tarry Williams appears, and then something after that. I'm not sure what that is, initials. Q. Do you know a Tarry Williams? A. It's the name of a warden. It probably is him. Q. Okay. I can go on to the next one. I'm sorry. We are going to go back to that one really quick. We are on page 2 of Exhibit 4, and towards the bottom of this page, there's a relief requested. Do you see that? A. Yes. Q. Okay. And towards the end, it references his joint pains. Do you see that? A. Yes.
14:00 3 14:00 4 14:00 5 14:00 6 14:01 7 14:01 8 14:01 10 14:01 11 14:01 12 14:01 13 14:01 14 14:01 15 14:01 16 14:02 17 14:02 18 14:02 19 14:02 20 14:02 21	little bit. Can you see what I'm displaying as Exhibit No. 4? A. Yes. Q. Okay. Exhibit No. 4 is a grievance form from plaintiff. It's dated December 11, 2014. Does that appear accurate from your standpoint? A. Yes, it does, but yeah, I remember reviewing this. And I would be surprised if I was incorrect, but I don't believe the words urgent were on the top of it, at least the one that I reviewed. I actually have that here. I can look at that and verify it, to see if I'm right or not. Can I do that? Q. Yes. That is fine. A. Okay. I'm wrong. First time it happened. No, actually, that is correct. It did say "urgent" on top. The other ones did not have that written, but this is an accurate copy. Q. Okay. A. Thanks for letting me prove myself	14:04 3 14:04 4 14:04 5 14:04 6 14:04 7 14:04 8 14:04 9 14:04 10 14:05 11 14:05 12 14:05 13 14:05 14 14:06 15 14:06 16 14:06 17 14:06 18 14:06 20 14:06 21 14:06 22	A. Let me see if I can X that box out. I got it. It's gone. Q. Okay. A. Yeah. So the name Tarry Williams appears, and then something after that. I'm not sure what that is, initials. Q. Do you know a Tarry Williams? A. It's the name of a warden. It probably is him. Q. Okay. I can go on to the next one. I'm sorry. We are going to go back to that one really quick. We are on page 2 of Exhibit 4, and towards the bottom of this page, there's a relief requested. Do you see that? A. Yes. Q. Okay. And towards the end, it references his joint pains. Do you see that? A. Yes. Q. It also references his out of range
14:00 3 14:00 4 14:00 5 14:00 6 14:01 7 14:01 8 14:01 10 14:01 11 14:01 12 14:01 13 14:01 14 14:01 15 14:01 16 14:02 17 14:02 18 14:02 19 14:02 20 14:02 21	little bit. Can you see what I'm displaying as Exhibit No. 4? A. Yes. Q. Okay. Exhibit No. 4 is a grievance form from plaintiff. It's dated December 11, 2014. Does that appear accurate from your standpoint? A. Yes, it does, but yeah, I remember reviewing this. And I would be surprised if I was incorrect, but I don't believe the words urgent were on the top of it, at least the one that I reviewed. I actually have that here. I can look at that and verify it, to see if I'm right or not. Can I do that? Q. Yes. That is fine. A. Okay. I'm wrong. First time it happened. No, actually, that is correct. It did say "urgent" on top. The other ones did not have that written, but this is an accurate copy. Q. Okay.	14:04 3 14:04 4 14:04 5 14:04 6 14:04 7 14:04 8 14:04 9 14:04 10 14:05 11 14:05 12 14:05 13 14:05 14 14:06 15 14:06 17 14:06 18 14:06 19 14:06 20 14:06 21	A. Let me see if I can X that box out. I got it. It's gone. Q. Okay. A. Yeah. So the name Tarry Williams appears, and then something after that. I'm not sure what that is, initials. Q. Do you know a Tarry Williams? A. It's the name of a warden. It probably is him. Q. Okay. I can go on to the next one. I'm sorry. We are going to go back to that one really quick. We are on page 2 of Exhibit 4, and towards the bottom of this page, there's a relief requested. Do you see that? A. Yes. Q. Okay. And towards the end, it references his joint pains. Do you see that? A. Yes.

	Page 137		Page 139
14:06 1	Q. Are those the types of complaints that	14:10 1	Q. Okay. Could you explain why, in your
14:06 2	you would expect to hear from somebody with	14:11 2	opinion, it would be helpful to review it?
14:06 3	rheumatoid arthritis?	14:11 3	A. Because you are likely to ask questions
14:06 4	A. No.	14:11 4	on it, so that I can respond to those.
14:06 5	Q. Why not?	14:11 5	Q. Let me ask a better question. Is there
14:06 6	A. Because patients generally don't report	14:11 6	any particular section of this document that you
14:07 7	their lab findings. It would be uncommon for a	14:11 7	found relevant to the plaintiff's case?
14:07 8	patient to present this way. He is interpreting	14:11 8	A. No. I did not produce this or request
14:07 9	his own laboratory results, and thereby may be	14:11 9	that this would be produced. It was done by
14:07 10	fluid by those results, which I believe he is, has	14:11 10	counsel.
14:07 11	been.	14:11 11	Q. Okay. And did you review these medical
14:07 12	Q. Now, what about the reference to the	14:11 12	policies and procedures prior to this deposition
14:07 13	joint pain? Is that a typical complaint for	14:11 13	today?
14:07 14	someone with rheumatoid arthritis?	14:11 14	A. Not for this deposition. I have
14:07 15	A. It's a part of the complaint that a	14:11 15	reviewed them in the past, but I did not have time
14:07 16	patient with rheumatoid arthritis will have, but it	14:11 16	to review these, as I just received them yesterday.
14:07 17	will be characteristic a joint complaint is	14:11 17	Q. Okay. And in your past review or based
14:07 18	nonspecific and is usually due to things other	14:11 18	on your past review, is there any sections of this
14:07 19	than or, actually, it's rarely due to rheumatoid	14:11 19	document that are relevant to the diagnosis of
14:07 20	arthritis. It's generally due to osteoarthritis,	14:12 20	rheumatoid arthritis?
14:08 21	which he has as well.	14:12 21	A. It may be. I have not committed it to
14:08 22	So this is not a to answer your	14:12 22	memory and there may be, but I don't know without
14:08 23	question. This is not the way that a patient would	14:12 23	looking at it.
14:08 24	present with he is distressed by his laboratory	14:12 24	Q. Okay. I did not see any. I just wanted
	Page 138		Page 140
14:08 1	Page 138 finding, which is clear, but a patient who has	14:12 1	Page 140 to make sure I was not missing any.
14:08 1 14:08 2		14:12 1 14:12 2	
	finding, which is clear, but a patient who has		to make sure I was not missing any.
14:08 2	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be	14:12 2	to make sure I was not missing any. A. Okay.
14:08 2 14:08 3	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of	14:12 2 14:12 3	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you
14:08 2 14:08 3 14:08 4	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of that and not like this at all.	14:12 2 14:12 3 14:12 4	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you recall, then I just wanted to make sure that I knew
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14:08 2 14:08 3 14:08 4 14:08 5 14:08 6 14:08 7 14:08 8 14:09 9 14:09 10 14:09 11 14:09 12 14:10 13	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of that and not like this at all. Q. In your experience, do inmates have access to their lab test results? A. Yes, they do. That is how he obtained it. Q. You said, that is how he obtained them? A. Yes, obviously he did. So they do have access, and he obtained it. Q. Okay. I'm going to go to the next one. So I'm sharing with you Exhibit No. 5. Exhibit	14:12 2 14:12 3 14:12 4 14:12 5 14:12 6 14:12 7 14:12 8 14:12 9 14:12 10 14:12 11 14:12 12 14:13 13	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you recall, then I just wanted to make sure that I knew about it. A. No, I don't recall, and there may not be there may not be specifically for rheumatoid arthritis. Q. Okay. MR. LOMBARDO: I know I'm not the deponent here, but I did go through the policies and there were none about rheumatoid arthritis. MS. REED: Okay. Thank you.
14:08 2 14:08 3 14:08 4 14:08 5 14:08 6 14:08 7 14:08 8 14:09 9 14:09 10 14:09 11 14:09 12 14:10 13 14:10 14	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of that and not like this at all. Q. In your experience, do inmates have access to their lab test results? A. Yes, they do. That is how he obtained it. Q. You said, that is how he obtained them? A. Yes, obviously he did. So they do have access, and he obtained it. Q. Okay. I'm going to go to the next one. So I'm sharing with you Exhibit No. 5. Exhibit No. 5 is labelled, Medical Policies and Procedures,	14:12 2 14:12 3 14:12 4 14:12 5 14:12 6 14:12 7 14:12 8 14:12 9 14:12 10 14:12 11 14:12 12 14:13 13 14:13 14	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you recall, then I just wanted to make sure that I knew about it. A. No, I don't recall, and there may not be there may not be specifically for rheumatoid arthritis. Q. Okay. MR. LOMBARDO: I know I'm not the deponent here, but I did go through the policies and there were none about rheumatoid arthritis. MS. REED: Okay. Thank you. MR. LOMBARDO: We produced the orthopedic
14:08 2 14:08 3 14:08 4 14:08 5 14:08 6 14:08 7 14:08 8 14:09 9 14:09 10 14:09 11 14:09 12 14:10 13 14:10 14 14:10 15	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of that and not like this at all. Q. In your experience, do inmates have access to their lab test results? A. Yes, they do. That is how he obtained it. Q. You said, that is how he obtained them? A. Yes, obviously he did. So they do have access, and he obtained it. Q. Okay. I'm going to go to the next one. So I'm sharing with you Exhibit No. 5. Exhibit No. 5 is labelled, Medical Policies and Procedures, Region: Illinois. Do you see that?	14:12 2 14:12 3 14:12 4 14:12 5 14:12 6 14:12 7 14:12 8 14:12 9 14:12 10 14:12 11 14:12 12 14:13 13 14:13 14 14:13 15	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you recall, then I just wanted to make sure that I knew about it. A. No, I don't recall, and there may not be there may not be specifically for rheumatoid arthritis. Q. Okay. MR. LOMBARDO: I know I'm not the deponent here, but I did go through the policies and there were none about rheumatoid arthritis. MS. REED: Okay. Thank you. MR. LOMBARDO: We produced the orthopedic guidelines because there is mention of
14:08 2 14:08 3 14:08 4 14:08 5 14:08 6 14:08 7 14:08 8 14:09 9 14:09 10 14:09 11 14:09 12 14:10 13 14:10 14 14:10 15 14:10 16	finding, which is clear, but a patient who has symptoms of rheumatoid arthritis will be distressed will present with the symptoms of that and not like this at all. Q. In your experience, do inmates have access to their lab test results? A. Yes, they do. That is how he obtained it. Q. You said, that is how he obtained them? A. Yes, obviously he did. So they do have access, and he obtained it. Q. Okay. I'm going to go to the next one. So I'm sharing with you Exhibit No. 5. Exhibit No. 5 is labelled, Medical Policies and Procedures, Region: Illinois. Do you see that? A. Yes.	14:12 2 14:12 3 14:12 4 14:12 5 14:12 6 14:12 7 14:12 8 14:12 9 14:12 10 14:12 11 14:12 12 14:13 13 14:13 14 14:13 15 14:13 16	to make sure I was not missing any. A. Okay. Q. If there's a particular one that you recall, then I just wanted to make sure that I knew about it. A. No, I don't recall, and there may not be there may not be specifically for rheumatoid arthritis. Q. Okay. MR. LOMBARDO: I know I'm not the deponent here, but I did go through the policies and there were none about rheumatoid arthritis. MS. REED: Okay. Thank you. MR. LOMBARDO: We produced the orthopedic guidelines because there is mention of osteoarthritis and the treatment for that. Okay?
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	Page 141		Page 143
14:14 1	related to a medical issue, is that escalated to	14:17 1	Q. Do you know how long?
14:14 2	you at any point?	14:17 2	A. No. They belong to the Department of
14:14 3	A. Generally, no.	14:17 3	Corrections, so it would be according to their
14:14 4	Q. Okay. You said, Generally, no. Have	14:17 4	policy.
14:14 5	there been times when it was escalated to you?	14:17 5	Q. Now, with regards to corrective actions
14:14 6	A. In isolated instances, if it involved a	14:17 6	for physicians, is there a database where those
14:14 7	matter that was found to be of substance, I may	14:17 7	corrective actions are stored that you know of?
14:14 8	be the incident may be referred to me, but not	14:17 8	A. Not a database. It would be in their
14:14 9	for most grievances. It would be rare that that	14:17 9	employee file, if it was a written discipline or a
14:14 10	would occur.	14:17 10	written corrective action rather.
14:14 11	Q. So, to your knowledge, are those	14:17 11	Q. Are the employee files digitized?
14:14 12	grievances handled by the prison facility?	14:17 12	A. No. Well, whenever I see them, they are
14:15 13	A. Yes. By the staff at the facility, yes.	14:17 13	in paper format, so I don't know what the corporate
14:15 14	Q. And is someone other than you from	14:17 14	office does, if they digitize them and then
14:15 15	Wexford typically involved in the grievance	14:17 15	undigitize them, but I get paper copy or paper
14:15 16	process, if it's medically related?	14:17 16	versions.
14:15 17	A. Yes.	14:17 17	Q. Do you know where those paper versions
14:15 18	Q. And who would that be?	14:17 18	are held?
14:15 19	A. The person that was involved in the	14:18 19	A. They are somewhere in the corporate
14:15 20	matter would be interviewed. They would be they	14:18 20	office. Maybe in the cloud, but it's not the
14:15 21	would participate in it, and from that from the	14:18 21	human resources department is in Pittsburgh.
14:15 22	investigation. The grievances that are found to	14:18 22	Q. Do you know how long those corrective
14:15 23	have merit are discussed at least those are	14:18 23	actions remain in an employee's file?
14:15 24	discussed at the monthly CQI meeting that occurs at	14:18 24	A. Well, they remain permanently as long as
	Page 142		Page 144
14:15 1	the facility, and the regional manager and medical	14:18 1	the person is employed, and then for at least seven
14:15 2	director at least participate in those meetings.	14:18 2	years after they leave employment, their employee
14:15 3	But if there was something that was	14:18 3	file exists or is stored.
14:15 4	found, for example, if it was something relating to	14:18 4	Q. Does Wexford scan copies of the patient
14:16 5	employee conduct or something like that, it could	14:18 5	records or progress notes?
14:16 6	be referred to me from the matter of grievance.	14:18 6	A. On isolated and specific instances, yes,
14:16 7	Q. You mentioned a monthly, what you called	14:19 7	but not in general, no.
14:16 8	a CQI meeting?	14:19 8	Q. We are going to look at a few progress
14:16 9	A. Yes.	14:19 9	notes and then I promise we are almost done.
14:16 10	Q. And what is that?	14:19 10	A. Okay.
14:16 11	A. Continuous quality improvement, a	14:19 11	Q. So I'm showing you what is marked as
14:16 12	meeting that takes place on a monthly basis at the	14:20 12	Exhibit No. 6. Can you see Exhibit No. 6?
14:16 13	facility.	14:20 13	A. Yes.
14:16 14	Q. And does someone keep the meeting	14:20 14	Q. So Exhibit No. 6 is a form that is
14:16 15	minutes for those?	14:20 15	labelled Illinois Department of Corrections,
14:16 16	A. Yes.	14:20 16	Offender Outpatient Progress Notes, Stateville
14:16 17	Q. And that is a written document?	14:20 17	Correctional Center?
14:16 18	A. Yes.	14:20 18	A. Yes.
14:16 19	Q. If you wanted to look back at prior	14:20 19	Q. And this first page of Exhibit No. 6
14:16 20	CQI meetings for Stateville, would you have access	14:20 20	does not have any information, it just has an X on
14:16 21	to those meeting minutes?	14:20 21	it; is that right?
14:16 22	A. They would be at the facility. I would	14:20 22	A. Yes.
14:16 23	have to go to the facility, but they are kept there	14:20 23	Q. But is this the form that has been used
14:17 24	and stored for a period of time.	14:20 24	throughout your tenure as a regional medical

14.00 1	Page 145		Page 147
14:20 1	director?	14:23 1	as I look at it closer, I think that is H and that
14:20 2	A. Yes.	14:23 2	would reasonably be in-house.
14:20 3	Q. At any point during your tenure, did	14:23 3	Q. Then there's an MD/SC next to that?
14:20 4	this form change?	14:23 4	A. Right. That would be an abbreviation
14:20 5	A. No.	14:23 5	for MD sick call.
14:20 6	Q. Okay. And these forms are stored at the	14:23 6	Q. Okay. And it says, For care of pain
14:20 7	facilities after they are filled out?	14:23 7	and I'm not sure what that next word is
14:20 8	A. Yes.	14:24 8	numbness?
14:20 9	Q. Now I'm looking at page 2, and I just	14:24 9	A. Right. C/O is complaint of.
14:21 10	want to go over how these forms are set up. So in	14:24 10	Q. Complaint of.
14:21 11	the left-hand column, is the date/time of the	14:24 11	A. And it is numbness, pain and numbness.
14:21 12	examination?	14:24 12	Q. Then the B/L on the next line, what does
14:21 13	A. Correct. That's correct.	14:24 13	that stand for?
14:21 14	Q. Then the middle column is the	14:24 14	A. Want to guess? You are doing pretty
14:21 15	Subjective/Objective Assessment column?	14:24 15	well so far.
14:21 16	A. Correct.	14:24 16	Q. It's probably faster if you do it
14:21 17	Q. It's my understanding from reading the	14:24 17	though.
14:21 18	regulations that they first allow the inmates to	14:24 18	A. Bilateral.
14:21 19	describe their subjective symptoms; is that	14:24 19	Q. Bilateral hands and feet?
14:21 20	correct?	14:24 20	A. Correct.
14:21 21	A. Yes.	14:24 21	Q. And then SR is?
14:21 22	Q. And then they would do an objective	14:24 22	A. Self-reported.
14:21 23	assessment of those symptoms; is that accurate?	14:24 23	Q. Is that joints?
14:21 24	A. Of their complaint, yes.	14:24 24	A. Joints or joint. It might be joint, and
	Page 146		Page 148
14:21 1	Q. And then there's an assessment after	14:24 1	the next word is pain causing these symptoms.
14:22 2	4 . 4 . 4		
14.77 7	that; is that correct?	14:24 2	Q. It says, And he is unable to do daily
14:22 3	that; is that correct? A. Correct.	14:24 2 14:24 3	Q. It says, And he is unable to do daily activities, is the next line?
	,		
14:22 3	A. Correct.	14:24 3	activities, is the next line?
14:22 3 14:22 4	A. Correct.Q. And in the last column for page 2 of	14:24 3 14:24 4	activities, is the next line? A. Yes. That is what it appears, yes.
14:22 3 14:22 4 14:22 5	A. Correct.Q. And in the last column for page 2 ofExhibit No. 6 is plans, and so I'm guessing that is	14:24 3 14:24 4 14:24 5	activities, is the next line? A. Yes. That is what it appears, yes. Q. Then there is an A that is circled. Do
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14:22 3 14:22 4 14:22 5 14:22 6 14:22 7 14:22 8 14:22 9 14:22 10 14:22 11 14:22 12 14:22 13 14:22 14 14:22 15 14:23 16 14:23 17 14:23 18 14:23 19 14:23 20 14:23 21	A. Correct. Q. And in the last column for page 2 of Exhibit No. 6 is plans, and so I'm guessing that is like the follow-up based on the complaint; is that correct? A. Yes. It's the plan. It's what course of action is to be done. Q. Okay. So we are looking at this particular exhibit, Exhibit 6, the date and time is August that is either a 4 or a 9, 2012? A. Yes. It looks to me, yes. Q. And there is a looking at the third line, starting in we'll start with the first one. S/O is that symptoms of? A. No, subjective and objective. Q. Oh, subjective. Okay. Then what about the I/H in the second line? A. It would be I/M, and it's an abbreviation for inmate.	14:24 3 14:24 4 14:24 5 14:24 6 14:24 7 14:24 8 14:24 9 14:25 10 14:25 11 14:25 12 14:25 13 14:25 14 14:25 15 14:25 16 14:25 17 14:25 18 14:25 19 14:25 20 14:25 21	activities, is the next line? A. Yes. That is what it appears, yes. Q. Then there is an A that is circled. Do you see that on the next line? A. Yes. Q. What does that stand for? A. A stands for assessment. Q. So assessment, bilateral hands, feet pain and numbness? A. Yes. Q. Okay. Now, are these the types of complaints that you would expect to hear from somebody with rheumatoid arthritis? A. Possibly, yes. These this statement paragraph here, These would not be inconsistent with the patient that had rheumatoid arthritis. Q. Okay. MR. LOMBARDO: I just want to jump in really quick. I should have made an objection earlier.

	Page 149		Page 151
14:25 1	reading the handwriting, but I just want to make	14:29 1	but they will have lesser pain.
14:26 2	that objection to this document. Sorry for	14:29 2	Q. Okay. So there's a reference to
14:26 3	interrupting.	14:29 3	nordazepam?
14:26 4	BY MS. REED:	14:29 4	A. Naprosyn.
14:26 5	Q. Okay. Going down to sort of the bottom	14:29 5	Q. Naprosyn. What is that.
14:26 6	of the last, like, five or so lines of Exhibit	14:30 6	A. Naprosyn is a nonsteroidal
14:26 7	No. 6, page 2, it appears like they are getting	14:30 7	antiinflammatory medication.
14:26 8	complaints of joint pain off and on, stomach ache.	14:30 8	Q. And is that a medication that you would
14:26 9	I'm not going to try to read that. And it says	14:30 9	use to treat someone with rheumatoid arthritis?
14:26 10	that he's seeing blood off and on on tissue.	14:30 10	A. It could be. Yes, it could be used in
14:26 11	A. It says, Like when, is what it says.	14:30 11	rheumatoid arthritis.
14:27 12	Stomach ache like when I had H. pylori.	14:30 12	Q. And what why would a doctor use that
14:27 13	Q. Okay. Reading the description in the	14:30 13	to treat rheumatoid arthritis?
14:27 14	last six lines of page 2 of Exhibit 6, does that	14:30 14	A. It would help to alleviate it's a
14:27 15	description is it consistent with what you would	14:30 15	nonspecific medication that is used for many
14:27 16	expect to see from a patient with rheumatoid	14:30 16	different types of pain. It's not specific to
14:27 17	arthritis?	14:30 17	rheumatoid arthritis, but it reduces pain and
14:27 18	A. No.	14:30 18	inflammation.
14:27 19	Q. Okay. And what is not consistent about	14:30 19	Q. And is that a prescription medication
14:27 20	these six lines?	14:30 20	for the facility, or is that available at the
14:27 21	A. Because the patient is presenting with	14:30 21	commissary?
14:27 22	symptoms that for instance, stomach ache would	14:30 22	A. Each facility has its own commissary
14:27 23	not be suggestive of rheumatoid arthritis or	14:30 23	list of commissary items. What is on the
14:27 24	expected to be present in rheumatoid arthritis.	14:30 24	commissary is determined by the warden. They
	Page 150		Page 152
14:27 1	Blood in the tissue would also not be present	14:30 1	sometimes have nonsteroidals, and I think in the
14:27 2	expected. Itchy sensation on urination also would	14:31 2	deposition, it was stated Mr. Daniels stated
14:28 3	not be linked in or a symptom of rheumatoid	1	
	not be mixed in or a symptom of meditatora	14:31 3	that Motrin was available. But naprosyn in a lower
14:28 4	arthritis, so the presentation is not consistent at	14:31 3 14:31 4	that Motrin was available. But naprosyn in a lower dose is over-the-counter. It's called Aleve, and
14:28 4 14:28 5	, <u>,</u>		• •
	arthritis, so the presentation is not consistent at	14:31 4	dose is over-the-counter. It's called Aleve, and
14:28 5	arthritis, so the presentation is not consistent at all with rheumatoid arthritis.	14:31 4 14:31 5	dose is over-the-counter. It's called Aleve, and it's possible, but I don't know if it's available
14:28 5 14:28 6	arthritis, so the presentation is not consistent at all with rheumatoid arthritis. Q. What about the off-and-on joint pain	14:31 4 14:31 5 14:31 6	dose is over-the-counter. It's called Aleve, and it's possible, but I don't know if it's available from the commissary.
14:28 5 14:28 6 14:28 7	arthritis, so the presentation is not consistent at all with rheumatoid arthritis. Q. What about the off-and-on joint pain that is referenced, is that consistent?	14:31 4 14:31 5 14:31 6 14:31 7	dose is over-the-counter. It's called Aleve, and it's possible, but I don't know if it's available from the commissary. Q. Okay. If someone was I'm going to
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14:28 5 14:28 6 14:28 7 14:28 8 14:28 9 14:28 10 14:28 11 14:28 12 14:28 13 14:28 14 14:28 15 14:28 16 14:28 17 14:28 18 14:28 19 14:29 20 14:29 21	arthritis, so the presentation is not consistent at all with rheumatoid arthritis. Q. What about the off-and-on joint pain that is referenced, is that consistent? A. No. Q. And why not? A. Not in the description like that because it is it is a progressive usually daily pain that they have, and they would not describe it as that and limit the symptom as being joint pain. They would be more descriptive and relay the other symptoms that characterize rheumatoid arthritis. Q. If a patient who had rheumatoid arthritis was on painkillers, for example, but inconsistent painkillers, would their pain be off and on? A. The painkillers reduce the pain, but they don't relieve	14:31 4 14:31 5 14:31 6 14:31 7 14:31 8 14:31 9 14:31 10 14:31 11 14:31 12 14:31 13 14:31 14 14:31 15 14:31 16 14:31 17 14:31 18 14:31 19 14:31 20 14:32 21	dose is over-the-counter. It's called Aleve, and it's possible, but I don't know if it's available from the commissary. Q. Okay. If someone was I'm going to stop sharing this now. If someone was prescribed that medication and it, you know, was sold out at the commissary but generally available, would they be able to get it from the physician at the facility instead? A. Yes. Q. And what would they have to do what would an inmate have to do to get that medication from the physician? A. The inmate would have to request, and the physician would have to agree and write the prescription for it. Q. When physicians draft these progress notes, do they allow the patients to review them
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14:28 5 14:28 6 14:28 7 14:28 8 14:28 9 14:28 10 14:28 11 14:28 12 14:28 13 14:28 14 14:28 15 14:28 16 14:28 17 14:28 18 14:28 19 14:29 20 14:29 21	arthritis, so the presentation is not consistent at all with rheumatoid arthritis. Q. What about the off-and-on joint pain that is referenced, is that consistent? A. No. Q. And why not? A. Not in the description like that because it is it is a progressive usually daily pain that they have, and they would not describe it as that and limit the symptom as being joint pain. They would be more descriptive and relay the other symptoms that characterize rheumatoid arthritis. Q. If a patient who had rheumatoid arthritis was on painkillers, for example, but inconsistent painkillers, would their pain be off and on? A. The painkillers reduce the pain, but they don't relieve	14:31 4 14:31 5 14:31 6 14:31 7 14:31 8 14:31 9 14:31 10 14:31 11 14:31 12 14:31 13 14:31 14 14:31 15 14:31 16 14:31 17 14:31 18 14:31 19 14:31 20 14:32 21	dose is over-the-counter. It's called Aleve, and it's possible, but I don't know if it's available from the commissary. Q. Okay. If someone was I'm going to stop sharing this now. If someone was prescribed that medication and it, you know, was sold out at the commissary but generally available, would they be able to get it from the physician at the facility instead? A. Yes. Q. And what would they have to do what would an inmate have to do to get that medication from the physician? A. The inmate would have to request, and the physician would have to agree and write the prescription for it. Q. When physicians draft these progress notes, do they allow the patients to review them

	Page 153		Page 155
14:32 1	Q. Yes.	14:35 1	some a fight or something occurring, then they
14:32 2	A. No. No, they don't. They have access	14:35 2	would be rescheduled. They should be rescheduled.
14:32 3	to the notes and can review them, but it isn't	14:35 3	Q. Okay.
14:32 4	reviewed with them. They generally are the	14:36 4	MS. REED: Can I just have a five-minute break
14:32 5	notes are generally in view of the patient, as the	14:36 5	to review my notes?
14:32 6	writing of it is typically done in with the	14:36 6	MR. LOMBARDO: Sure.
14:32 7	patient present and they can see what you are	14:36 7	(WHEREUPON, a recess was had.)
14:32 8	writing. So they commonly do, in fact, see it, but	14:44 8	MS. REED: We are now back on the record.
14:32 9	there's no policy that says, you know, you have	14:44 9	BY MS. REED:
14:33 10	to you need to prove my note before I submit it	14:44 10	Q. Dr. Funk, do you understand that you are
14:33 11	or whatever.	14:44 11	still under oath?
14:33 12	Q. Okay. Are you familiar with the term	14:44 12	A. Yes, I do.
14:33 13	"discovery responses"?	14:44 13	Q. Okay. Have you reviewed the assessment
14:33 14	A. The legal term?	14:44 14	done by Dr. Amar Sawar?
14:33 15	Q. Yes.	14:44 15	A. Yes.
14:33 16	A. Somewhat.	14:44 16	Q. And when you reviewed his assessment,
14:33 17	Q. For this case were you asked to help	14:44 17	was there anything in particular that stood out to
14:33 18	with any discovery responses?	14:44 18	you that you disagreed with?
14:33 19	A. I may have been in one of the	14:44 19	A. Not that I disagreed with. I saw some
14:33 20	conversations. I don't recall, but I am involved	14:45 20	inconsistency, I thought, in his in his report.
14:33 21	in many cases. It's hard for me to keep them all	14:45 21	Q. What was the inconsistency?
14:33 22	straight. I may have been, but I don't recall.	14:45 22	A. The examination of his joint. In the
14:33 23	Q. Okay. If a prescription is not on the	14:45 23	first encounter he wrote that he had normal joints
14:34 24	approved medication list or if a particular	14:45 24	and normal strength. Then when you saw him six
	Page 154		Page 156
14:34 1	medication is not on the approved medication list,	14:45 1	weeks later, stated he had plus one swelling, I
14:34 2	does the inmate still have access to it?	14:45 2	think is what he wrote.
14:34 3	A. Yes.	14:45 3	It would be unusual for a person to have
14:34 4	Q. How so?	14:45 4	developed that in six weeks, where it had not been
14:34 5	A. By the physician ordering it and filling	14:45 5	present the first time. That just seemed that
14:34 6	out a non-formulary request.	14:45 6	struck me as just being a little unusual.
14:34 7	Q. Can an inmate request a medication that	14:46 7	Q. Now, in Dr. Sawar's assessment, he notes
14:34 8	is not on the approved medication list?	14:46 8	seropositive rheumatoid arthritis, generalized
14:34 9	A. They can request it, yes. They can't	14:46 9	osteoarthritis, and peripheral neuropathy. Do you
14:34 10	order it, but they can certainly request it of a	14:46 10	recall that assessment?
14:34 11	physician.	14:46 11	A. Neuropathy. That was in one of his
14:34 12	Q. Okay. If a physician recommends a	14:46 12	visits. That is not his initial impression. When
14:35 13	follow-up appointment and an inmate is not able to	14:46 13	he first saw the patient, his impression was
14:35 14	attend for some reason, is there a protocol for	14:46 14	different. I don't have the note in front of me,
14:35 15	making sure that the inmate is, in fact, seen for a	14:46 15	but he did not assess him to have rheumatoid
14:35 16	follow-up, even if it's not on the scheduled date?	14:46 16	arthritis on the first visit.
14:35 17	A. It depends on the reason why the	14:46 17	Q. So I think the particular date I'm
14:35 18	appointment is not kept. Patients have a right to	14:46 18	looking at is June 17, 2016, so it's one of the
14:35 19	refuse. If they refuse, then they have refused the	14:46 19	later visits.
14:35 20	visit. They would not be rescheduled.	14:46 20	A. Yes.
	It that are not seen for an	14:46 21	 Q. So do you disagree with that assessment
14:35 21	If they are not seen for an		4 0
14:35 21 14:35 22	administrative purpose for instance, there's a	14:47 22	then?
14:35 21			then? A. Yes, I disagree with yes, I do disagree with it.

	Page 157		Page 159
14:47 1	Q. Okay.	14:50 1	A. I may have. I mean, only seeing the
14:47 2	A. Not his not all aspects of it. I	14:50 2	patient for those brief periods of time and not
14:47 3	do I agree with him having osteoarthritis and	14:50 3	being able to review records, I may have because
14:47 4	possibly peripheral neuropathy, although his EMG	14:50 4	these things that he said at the time may have led
14:47 5	was normal, but it's possible to have peripheral	14:50 5	him I may have come to the same conclusion.
14:47 6	neuropathy with a normal EMG.	14:50 6	Q. Do you disagree with the prescription of
14:47 7	But the diagnosis of rheumatoid	14:50 7	methotrexate for that assessment?
14:47 8	arthritis is questionable. My opinion is that he	14:50 8	A. Yes. I do now, yes.
14:47 9	does not meet criteria for that. I have not	14:50 9	Q. Would you if you credit Dr. Sawar and
14:47 10	personally examined him, so I can't speak from my	14:51 10	agree with his assessment, then would you agree
14:47 11	personal view. But from review of all of the	14:51 11	with the prescription for methotrexate?
14:47 12	information and, again, I have a perspective	14:51 12	A. So in the situation that I did not have
14:47 13	that Dr. Sawar does not, that having been able to	14:51 13	access to his other records and subsequent records,
14:48 14	know what the consequence was of treatment and his	14:51 14	I think it would have been more reasonable to have
14:48 15	subsequent exams by physicians, what that has	14:51 15	observed him over a period of time, reexamined him
14:48 16	revealed.	14:51 16	because methotrexate is a it's a toxic drug. It
14:48 17	Plus, I'm certain that he did not review	14:51 17	functions the only way that one has benefit is
14:48 18	every encounter since he was incarcerated, as I	14:51 18	by your immune system being depressed, and that is
14:48 19	did. I respect him as a rheumatologist, and I'm	14:51 19	a very serious condition. You could potentially
14:48 20	not detracting from him, but I think if he had	14:51 20	die from that, if you were to develop pneumonia,
14:48 21	access to the same material that I did, his opinion	14:51 21	for example, or some other infection. So I think
14:48 22	would also change.	14:51 22	it would have been more reasonable to have held off
14:48 23	Q. Is there a benefit to actually	14:51 23	and examined him again before making that decision.
14:48 24	conducting a physical exam versus just reviewing	14:52 24	Q. So when an outside referral is made, do
	Page 158		Page 160
14:48 1	Page 158 medical records?	14:52 1	Page 160
14:48 1 14:48 2		14:52 1 14:52 2	
	medical records?		the physicians provide the outside physician with
14:48 2	medical records? A. Yes.	14:52 2	the physicians provide the outside physician with the medical records that were the basis of that
14:48 2 14:48 3	medical records? A. Yes. Q. And for rheumatoid arthritis in	14:52 2 14:52 3	the physicians provide the outside physician with the medical records that were the basis of that referral?
14:48 2 14:48 3 14:48 4	medical records? A. Yes. Q. And for rheumatoid arthritis in particular, is it easier to make an objective	14:52 2 14:52 3 14:52 4	the physicians provide the outside physician with the medical records that were the basis of that referral? A. They provide limited records. It would
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14:48 2 14:48 3 14:48 4 14:48 5 14:48 6 14:48 7 14:48 8 14:49 9 14:49 10 14:49 11 14:49 12 14:49 13 14:49 14 14:49 15 14:49 16 14:49 17 14:49 18 14:49 19 14:49 20 14:50 21	A. Yes. Q. And for rheumatoid arthritis in particular, is it easier to make an objective assessment of the patient's symptoms if you are assessing him in person? A. Yes, of course. Q. Is there another rheumatologist that you would have referred the plaintiff to besides Dr. Sawar? A. There are many rheumatologists. I don't know him personally, so, again, I don't think it's the difference of a person. It's the perspective that is gained from having all of the information that exists available in making an assessment. And when anyone does that and when they have limited information, then their judgment can only be is confined by that. Q. So let me ask a different question. If you didn't have the benefit of all of the information that you have now, if you were in Dr. Sawar's shoes doing an assessment, would you	14:52 2 14:52 3 14:52 4 14:52 5 14:52 6 14:52 7 14:52 8 14:52 9 14:52 10 14:52 11 14:52 12 14:53 13 14:53 14 14:53 15 14:53 16 14:53 17 14:53 18 14:53 19 14:53 20 14:53 21	the physicians provide the outside physician with the medical records that were the basis of that referral? A. They provide limited records. It would be the his records were probably more than 1,000 pages, and they are in paper. It would be impractical to do that, so we don't provide all of the records. In practice, it's not that it's not valuable. It is. But in practice, people rely on a patient's history in relaying their symptoms, and they don't take the time to review the records. It would be it took me probably four hours to go through records, and you know from patients, when you have seen the doctor, they don't spend four hours with you. Q. Just to clarify. You don't know whether or not Dr. Sawar read the prior medical records or which medical records he received, it's just in general practice, your assumption is it's likely he did not review them? A. No. If they had copied the thousand pages, I would have heard about it. It would be

	Page 161		Page 163
14:53 1	record, make a copy of it and send it. So I don't	14:57 1	family history.
14:53 2	know I was not specifically involved, but that	14:57 2	Q. And there's also a reference to
14:53 3	would be an unusual and unprecedented occurrence	14:57 3	complaints of whole body joint aches over the past
14:53 4	from my 26 years of working in corrections.	14:57 4	several years?
14:53 5	Q. Let me ask, but what about with limited	14:57 5	A. Yes. Increasing over the past several
14:54 6	records that would be related to this particular	14:57 6	years, is what it states.
14:54 7	referral, would it be typical for him to receive	14:57 7	Q. Okay. And it says, Some days he's
14:54 8	those?	14:57 8	confined to his bed. Do you see that?
14:54 9	A. Yes. To provide some information, like	14:57 9	A. Yes.
14:54 10	laboratory results, that likely was provided so	14:57 10	Q. In your experience, are those complaints
14:54 11	that they would not necessarily need to be	14:57 11	consistent with someone who has rheumatoid
14:54 12	repeated, X-ray results. That is the reason why	14:57 12	arthritis?
14:54 13	those kind of things were would be provided, but	14:57 13	A. No. It would be more consistent with
14:54 14	all of the records are relevant. And even where	14:57 14	other conditions.
14:54 15	there are complaints not related to rheumatologic	14:57 15	Q. What other conditions?
14:54 16	conditions are relevant records in this setting.	14:57 16	A. Other rheumatologic conditions, but not
14:54 17	It tells me what was bothering a patient, what	14:57 17	typically of a patient with rheumatoid arthritis.
14:54 18	level he chose to come forward with complaints,	14:57 18	So things like fibromyalgia would be one syndrome.
14:54 19	whether he had significant complaints or minor	14:58 19	Polymyalgia rheumatica, polymyositis, lupus. Those
14:54 20	complaints. Some people just complain a lot. We	14:58 20	diseases would be more consistent with a whole body
14:54 21	have those kind of patients, and that is reflected	14:58 21	kind of a complaint.
14:54 22	in their medical record. So all of it is important	14:58 22	Q. And if someone has a whole body
14:54 23	and it should be reviewed.	14:58 23	complaint and a family history of rheumatoid
14:54 24	Q. Okay. And in your time as the regional	14:58 24	arthritis, would it be appropriate to refer them to
	Page 162		Page 164
14:55 1	Page 162 medical director, what percentage of your	14:58 1	Page 164 a rheumatologist for further study?
14:55 1 14:55 2		14:58 1 14:58 2	
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14:55 2 14:55 3 14:55 4	medical director, what percentage of your supervisory duties have involved diagnosis of rheumatoid arthritis? A. A very small percent, only from patients	14:58 2 14:58 3 14:58 4	a rheumatologist for further study?A. No, I would not say so.Q. Why not?A. It would because that evaluation
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15:00 1 MR. I CMBARDO: III just responsibility. As 15:02 2 1 or the Office of Health Services specific to the state of the e-mail, Rule 30 specifically states that document requests being made to a party in 15:02 3 Q. Are these Wexford documents or State documents? 3 15:02 4 15:02 3 Q. Are these Wexford documents or State documents? 4 Rule 34 request. 15:02 4 4 15:02 5 Rule 34 (a) Are the services specific to the site. 15:02 4 15:02 5 Rule 35:02 5 Rule 35:		Page 165		Page 167
15:00 2 stated in the e-mail, Rule 30 specifically starts 15:02 2 site. Q. Are these Wexford documents or State documents from the deposition note must be 15:02 5 4	15:00 1	MR. LOMBARDO: I'll just respond briefly. As	15:02 1	or the Office of Health Services specific to the
15:00 3 that document requests being made to a party in 15:00 4 connection with the deposition notice must be 15:02 3 documents? 15:00 4 connection with the deposition notice must be 15:02 5 In this particular case, fact discovery 15:00 6 In this particular case, fact discovery 15:00 7 has been closed for more than a year. Judge 15:00 8 reopened for the limited purpose of conducting 15:00 10 today's 30(b/6) deposition. 15:00 10 today's 30(b/6) deposition. 15:00 11 Defendants take the position that no 15:00 12 further—the document requests that were made part of the 30(b/6) onlice, that there's no obligation for us to respond to those. 15:00 12 further—the document requests that were made part of the 30(b/6) onlice, that there's no obligation for us to respond to those. 15:00 15 MS. REFD. Well just note for the record that 15:00 15 mS. REFD. Well just note for the record that 15:00 15 mS. REFD. Well just note for the record that 15:00 17 responsive, like Is said, well be following up on that. 15:00 12 To that end, I'm going to leave the 15:00 20 mS. That end, I'm going to leave the 15:00 21 mS. ACC and the 15:00 21 mS. ACC and the 15:00 21 mS. ACC and the 15:00 22 mS. ACC and this deposition open or a second part of 15:00 2 mS. ACC and this deposition open or a second part of 15:00 1 7 mS. ACC and this deposition open or a second part of 15:00 1 7 mS. ACC and this deposition. 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10 Q. I'm start with just some brief 15:00 1 10		J 1		*
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15:00 5 accompanied by a Rule 34 request. 15:02 5 A. No. Sorry. They are all State. I was 15:00 6 To his particular case, fact discovery 15:00 7 has been closed for more than a year. Judge 15:00 8 Cummings made an order allowing discovery to be 15:00 8 Cummings made an order allowing discovery to be 15:00 8 Cummings made an order allowing discovery to be 15:00 9 responsed for the limited purpose of conducting 15:00 10 Defindants take the position that no 15:00 11 Defindants take the position that no 15:00 11 Defindants take the position that no 15:00 12 further – the document requests that were made 15:00 13 agreements that year of the 30th/of, noise, that three's no obligation for us to respond to those. 15:00 13 agreements that year referring to? 4 A. Okay. So Tun on sure exactly what the definition of contract employees, or could you clarify what agreements that year reviewed specifically for this deposition and 15:00 13 relied upon as well as documents that were not responsive, like Is said, well he following up on that. 15:00 21 that. 15:00 22 deposition one so that we can resolve any 15:00 24 deposition one so that we can resolve any 15:00 24 deposition one so that we can resolve any 15:00 24 descovery dispute, and that concludes my 15:00 24 deposition open or a second part of 15:00 3 decuments that Dr. Funk has been provided and reviewed in connection with this deposition at position of position. Supposition 15:00 2 deposition open or a second part of 15:00 3 decuments that Dr. Funk has been provided and provided in connection with this deposition at position 15:00 2 deposition open or a second part of 15:00 4 definition of a contract employee with a caceptal part of 15:00 4 definition of a contract employee with a caceptal part of 15:00 4 definition of a contract employee with a caceptal part of 15:00 5 definition of a contract			15:02 4	•
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15:00 12 further — the document requests that were made 15:01 13 part of the 30(b)(6) notice, that there's no 15:03 13 agreements that you are referring to? 15:03 15 15:03 15 15:03 15 15:03 15 15:03 15 15:03 15 15:03 15 15:03 15 15:03 16 15:03 16 15:03 16 15:03 16 15:03 16 15:03 16 15:03 16 15:03 16 15:03 17 15:03 18 15:03 18 15:03 18 15:03 18 15:03 18 15:03 18 15:03 18 15:03 18 15:03 18 15:03 19 15	15:00 10	today's 30(b)(6) deposition.	15:03 10	definition.
15:01 13 part of the 30(b)(6) notice, that there's no bligation for us to respond to those. 15:01 15 MS. REED: Well just note for the record that 15:03 15 definition of contract employee is, but it is 15:01 16 to the extent that there are documents that were reviewed specifically for this deposition and 15:01 17 relied upon as well as documents that were not responsive, like I said, well be following up on 15:01 20 that. 15:01 20 that. 15:01 21 To that end, I'm going to leave the 15:03 21 deposition open so that we can resolve any questioning. I'll turn it over to opposing 15:03 22 deposition open so that we can resolve any questioning. I'll turn it over to opposing 15:03 24 deposition, when you are referring to a contract 15:03 21 deposition, when you are referring to a contract 15:03 22 deposition open so that we can resolve any 15:03 24 deposition, when you are referring to a contract 15:03 24 deposition open so that we can resolve any 15:03 24 deposition, when you are referring to a contract 15:03 24 deposition, when you are referring to a contract 15:03 24 deposition, when you are referring to a contract 15:03 24 deposition, when you are referring to a contract 15:03 24 deposition, when you are referring to a contract 15:03 25 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 27 deposition, when you are referring to a contract 15:03 28 deposition open or a second part of 15:03 2 deposition open or a second part of 15:03 2 deposit	15:00 11	Defendants take the position that no	15:03 11	Were you saying that Wexford employees
15:01 14 obligation for us to respond to those. 15:01 15 Ms. REED: Well just note for the record that 15:03 15 to the extent that there are documents that were 15:03 15 reviewed specifically for this deposition and 15:03 16 relied upon as well as documents that were not 15:01 18 relied upon as well as documents that were not 15:01 20 that. 15:01 20 that end, I'm going to leave the 15:03 21 responsive, like I said, well be following up on 15:01 21 To that end, I'm going to leave the 15:03 21 discovery dispute, and that concludes my 15:03 22 deposition open so that we can resolve any 15:03 24 deposition open so that we can resolve any 15:03 24 deposition. 15:01 12 counsel. 15:01 1 counsel. 15:01 1 counsel. 15:01 2 MR LOMBARDO: Sure. Just briefly. All 15:03 2 contract. 15:01 4 reviewed in connection with this deposition have 15:01 5 been produced already, and we would object to 15:01 6 leaving this deposition open or a second part of 15:01 6 leaving this deposition open or a second part of 15:01 8 EXAMINATION 15:01 9 BY MR. LOMBARDO: 15:01 10 Q. Ill start with just some brief 15:02 12 to a written set of guidelines for specific needs. Were you referring to 15:04 15:04 15 to a written set of guidelines for specific needs. Were you referring to 15:04 15:04 17 A. There are both written and verbal, yes. 15:02 18 Q. Were the written ones you are referring to 15:04 16 Illinois Department of Corrections? 15:02 21 Illinois Department of Corrections? 15:02 22 including institutional directives but,	15:00 12	further the document requests that were made	15:03 12	are contract employees, or could you clarify what
15:01 15 MS. REED: We'll just note for the record that 15:01 16 to the extent that there are documents that were 15:01 17 reviewed specifically for this deposition and 15:01 19 reviewed specifically for this deposition and 15:01 19 responsive, like I said, we'll be following up on 15:01 19 responsive, like I said, we'll be following up on 15:01 20 that. 15:01 21 To that end, I'm going to leave the 2 deposition open so that we can resolve any 2 deposition open so that we can resolve any 2 15:03 21 tetter that is signed by the employee who accepts 2 the position, when you are referring to a contract 2 the position, when you are referring to a contract 15:01 2 deposition open so that we can resolve any 2 to a descovery dispute, and that concludes my 2 to a deposition open so that we can resolve any 2 to a deposition open so that we can resolve any 2 to a deposition open so that we can resolve any 2 to a deposition open so that we can resolve any 2 to a deposition open so that we can resolve any 2 to a deposition open so that we can resolve any 2 to a deposition, when you are referring to a contract 2 the position, when you are referring to a contract 15:03 2 and 15:03 3 and 15:03 3 and 15:03 3 and 15:03 3 and 15:03 4 is kind of like a professional adhlete who will are viewed in connection with this deposition have 15:03 4 is kind of like a professional adhlete who will are viewed in connection with this deposition have 15:04 5 sign a contract where they get X amount of dollars 15:04 5 sign a contract where they get X amount of dollars 15:04 6 for X amount of years. That can happen outside as 15:04 5 sign a contract where they get X amount of dollars 15:04 6 for X amount of years. That can happen outside as 15:04 10 Q. I'll start with just some brief 15:04 10 Q. That is not what you were referring to 2 guidelines for specific neach IDOC correctional facility has specific 2 get 2 guidelines for specific needs. Were you r	15:01 13	part of the 30(b)(6) notice, that there's no	15:03 13	agreements that you are referring to?
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15:02 24 specifically, those that are formulated by the site 15:05 24 A. Yes, or the person that she or he	15:01 2 15:01 3 15:01 4 15:01 5 15:01 6 15:01 7 15:01 8 15:01 9 15:01 10 15:01 11 15:01 12 15:02 13 15:02 14 15:02 15 15:02 16 15:02 17 15:02 18 15:02 19 15:02 20 15:02 21	MR. LOMBARDO: Sure. Just briefly. All documents that Dr. Funk has been provided and reviewed in connection with this deposition have been produced already, and we would object to leaving this deposition open or a second part of this deposition. EXAMINATION BY MR. LOMBARDO: Q. I'll start with just some brief follow-up questions. Dr. Funk, you stated earlier that each IDOC correctional facility has specific guidelines for specific needs. Were you referring to a written set of guidelines that is facility specific? A. There are both written and verbal, yes. Q. Were the written ones you are referring to Wexford documents, or are you referring to institutional directives that are generated by the Illinois Department of Corrections? A. I was referring to those guidelines	15:03 2 15:03 3 15:03 4 15:04 5 15:04 6 15:04 7 15:04 8 15:04 10 15:04 11 15:04 12 15:04 13 15:04 14 15:04 15 15:04 16 15:04 17 15:04 18 15:04 19 15:04 20 15:04 21	contract. Q. The one that I was referring to before is kind of like a professional athlete who will sign a contract where they get X amount of dollars for X amount of years. That can happen outside as a professional service too, so that is a legal definition of a contract employee. A. Okay. Q. That is not what you were referring to, correct? A. No. Q. You referred a couple times to the position of the health care unit administrator. Is that a Wexford employee or an IDOC employee? A. IDOC employee. Q. You also referenced a continuous quality improvement meeting. Is that a meeting that is only attended by Wexford employees, or is that a joint function of both Wexford and State personnel? A. The second, both by Wexford and State. Q. Is it the health care unit administrator
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	Page 169		Page 171
15:05 1	designates.	15:07 1	BY MR. LOMBARDO:
15:05 2	Q. We talked a little bit about medication,	15:07 2	Q. And, Dr. Funk, you did spend time, as
15:05 3	specifically over-the-counter medications. I think	15:07 3	you stated, reading these hundreds of pages of
15:05 4	you mentioned Aleve. Motrin was another one that	15:07 4	Mr. Daniels' medical records in his IDOC medical
15:05 5	was mentioned.	15:07 5	file?
15:05 6	If a medicine is over-the-counter, can	15:07 6	A. Yes.
15:05 7	an inmate still get it for free if the provider	15:07 7	Q. Based on your review, do you feel that
15:05 8	deems it is clinically indicated and orders it for	15:07 8	you are in a position to give an opinion whether he
15:05 9	them?	15:07 9	had an emergent or urgent medical condition?
15:05 10	A. Yes. So there are two things. One is	15:07 10	A. Yes, I am.
15:05 11	that the prescription the medication at a higher	15:07 11	MS. REED: Objection, lacks foundation.
15:05 12	level has to be provided by a prescription, but the	15:07 12	BY MR. LOMBARDO:
15:05 13	provider can order it and it would be less costly	15:07 13	Q. Dr. Funk, you gave several opinions
15:05 14	for a provider to order it rather than the patient	15:07 14	today that are beyond the scope of a layperson.
15:05 15	obtaining it from the commissary.	15:07 15	Were all of those opinions made to a degree of
15:05 16	Q. Is rheumatoid arthritis a condition that	15:07 16	medical certainty?
15:05 17	can be cured?	15:07 17	A. Yes, I would say so.
15:06 18	A. No. It would not be it would not be	15:08 18	Q. Was there anything else that you wanted
15:06 19	cured, no.	15:08 19	to comment on or clarify any of your answers?
15:06 20	Q. When you were discussing treatments	15:08 20	A. Well, my comment of what I would have is
15:06 21	earlier, those treatments were excuse me are	15:08 21	his evaluation subsequent to his release into the
15:06 22	intended to address the symptoms of rheumatoid	15:08 22	comment also demonstrated an inconsistent picture
15:06 23	arthritis, not to eradicate the disease itself; is	15:08 23	with him having rheumatoid arthritis. The findings
15:06 24	that accurate?	15:08 24	of those four visits that occurred, again,
	Page 170		Page 172
15:06 1	A. Not quite. It is to address the	15:08 1	strengthened and informed my belief that he did not
15:06 2	symptoms. But it is also to alter the course of	15:09 2	have rheumatoid arthritis, and his symptoms were
15:06 3	the illness, and that is the effects of the	15:09 3	due to other factors and that was their opinion as
15:06 4	primarily on the effects of the joint but also on	15:09 4	well.
15:06 5	other organs where that when a patient has	15:09 5	MR. LOMBARDO: All right. I have no more
15:06 6	active disease.	15:09 6	questions based on that.
15:06 7	Q. Based on your review of Mr. Daniels'	15:09 7	MS. REED: I don't have any other questions.
15:06 8	medical records, did his complaints regarding joint	15:09 8	MR. LOMBARDO: Okay. Dr. Funk, would you like
15:06 9	pain ever require emergent medical care?	15:09 9	to reserve signature or waive?
15:06 10	A. No.	15:09 10	THE WITNESS: I'll waive it.
15:06 11	Q. How about urgent medical care?	15:09 11	MR. LOMBARDO: Excellent. Did you order the
15:07 12	A. Neither. No.	15:10 12	transcript?
15:07 13	Q. What about his complaints related to	15:10 13	MS. REED: I would like a copy of the
15:07 14	stomach pain, did those ever require urgent medical	15:10 14	transcript.
15:07 15	care?	15:10 15	MR. LOMBARDO: We'll also take a copy, e-trans
15:07 16	A. No.	15:10 16	only, please.
15:07 17	MS. REED: Objection, lacks foundation, vague.	17	FURTHER DEPONENT SAITH NOT.
15:07 18	BY THE WITNESS:	18	(WHEREUPON, certain documents
15:07 19	A. No.	19	were marked Funk Deposition
15:07 20	BY MR. LOMBARDO:	20	Exhibit Nos. 1 through 7, for
15:07 21	Q. What about emergent medical care?	21	identification.)
15:07 22	A. No.	22	
15:07 23	MS. REED: Same objection.	23	
24		24	
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STATE OF ILLINOIS) STATE OF ILLINOIS) 1. KRISTIN C. BRAIKOVICH, a Centified Shorthand Reporter of said state, do hereby certify: That previous to the commencement of the examination of the witness, the winness was duly sworn to testify the whole ruth concerning the matters herein; That the foregoing deposition transcript was reported stenographically by me. was thereafter resheed to typeswining under my specified to the sterimony given and the proceedings had; That the said deposition was taken beform not at the time and place specified; That I am not a relative or employee or attorney or counsed, nor a relative or employee of such attorney or counsel for any of the purchased because of the sterior. IN WITNESS WHERFOF, I do hereaution set my hand and affin my seal of office at Chicago, Illinois, this 28th day of March 2022. C.S.R. Certificate No. 84-3810.		D 172	
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